

Laura Musser DO, LLC
Julie Brennan WHNP-BC
22 McClurg Road
Boardman, Ohio 44512
Phone (330) 550-9431 Fax (330) 330-8158

Gynecology Intake Form

PATIENT NAME _____ DATE _____ AGE _____

MARITAL STATUS **CIRCLE ONE:** SINGLE MARRIED DIVORCED SEPARATED WIDOWED

REASON FOR VISIT **CIRCLE ONE:** ANNUAL/WELL WOMAN EXAM PROBLEM VISIT

IF PROBLEM VISIT, PLEASE DESCRIBE: _____

FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD: _____

If period not applicable **CIRCLE ONE:** Menopause Hysterectomy Ablation IUD Other

Are your periods **CIRCLE ONE:** Regular Irregular N/A Frequency of periods _____ (i.e. 28 days)

How many days does your period last? _____ days. Are your periods painful? **CIRCLE ONE:** YES NO

Is your flow **CIRCLE ONE:** Light Moderate Heavy If Heavy how many heavy days? _____

Are you currently sexually active? **CIRCLE ONE:** YES NO

Since your last visit, any **NEW** sexual partners? **CIRCLE ONE:** YES NO How many? _____

What contraceptive method do you currently use? **CIRCLE ALL THAT APPLY:**

PILLS CONDOMS NUVARING DEPO-PROVERA IMPLANT TUBAL LIGATION VASECTOMY
DIAPHRAGM SPERMICIDE WITHDRAWAL NOTHING OTHER _____

Do you perform breast self-exam? **CIRCLE ONE:** YES NO

What was the date of your last:

Colonoscopy _____ Mammogram _____ Bone Density Test _____

ALCOHOL USE **CIRCLE ONE:** NEVER CURRENT FORMER Amount _____

DRUG USE **CIRCLE ONE:** NEVER CURRENT FORMER Amount _____

TOBACCO USE **CIRCLE ONE:** NEVER CURRENT FORMER Amount _____

Have you ever or are you currently experiencing any form of Domestic/Sexual Violence or Abuse?

CIRCLE ALL THAT APPLY: NEVER CURRENT FORMER PHYSICAL SEXUAL EMOTIONAL

PLEASE **CIRCLE ANY SYMPTOMS THAT YOU ARE CURRENTLY EXPERIENCING:**

Constitutional: Weight Loss Weight Gain Fever Excessive Thirst Excessive Urination Headaches

Breast: Breast Lumps Breast Pain Breast Discharge **Heart:** Chest Pain Heart Palpitations

Lung: Shortness of Breath Cough Wheezing **Endocrine:** Hot Flashes Night Sweats Hair Growth

Digestive: Heartburn Nausea Vomiting Pain Bloating Diarrhea Constipation Blood in Stool

Urinary: Blood in Urine Frequency Urgency Incontinence Painful Urination

Vaginal: Vaginal Discharge Odor Painful Intercourse Spotting With or After Intercourse Itching

New Skin Lesions Rash Dryness Pelvic Pain Vaginal Pain Heavy Periods Painful Periods

Patient Signature _____ Provider Signature _____