

Date completed:

New Patient

Established
Patient

Austin Springs Women's Health

Health History

Patient Name: _____ Date of Birth: _____

Reason for Visit: _____

Vitals: Ht: _____ Current weight: _____ COVID-19 symptoms? _____

Previous Doctors you would like us to retrieve Medical Records on your behalf? Yes ☐ No ☐

Allergies to Medications? _____

Medication with dosage(s): (Please indicate how frequent you are taking your medications)

Name of Medication	How often:	Name of Medication	How often:

Vaccine(s): Flu shot: _____ TDAP: _____ HPV: _____ COVID: _____

Medical History: (What have you have been diagnosis with by your current or previous doctors)

Family History: (Diabetes, High blood pressure, Cancer, Mental disorders, Thyroid etc.)

Relative	Diagnosis	Age	Alive or Deceased
Mother			
Father			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Maternal Aunt/Uncle			
Paternal Aunt/Uncle			
Siblings			

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Gyn History:

Social History:

Last Menstrual Period:		Tobacco or Vape (What year did you start? /How often?)	
How many days does your cycle last?		Alcohol? (How often? / Liquor, Beer or wine?)	
Painful menstrual cycles?		Illicit Drugs? (Marijuana, Cocaine, Pills etc) (How often?)	
How old were you when you started your cycle for the first time?		Caffeine Intake? - How often? (Tea/Soda water/coffee, caffeine pills)	
Menopause? Age?		Exercise Level? - How often? What type of exercise?	
Last Pap Smear:		Marital Status? (Married, Single, Engage, Divorce, Widow)	
History of Abnormal Pap Smear?		History of Domestic Violence?	
Sexually Active:		Education Level?	
Painful Intercourse?		Occupation?	
Sexual Orientation:		Is there a specific religion we need to abide by for your medical care?	
Lifetime Sexual Partners:		Do you wear your seat belt while driving?	
History of STD's?		Would you accept a blood transfusion in case of an emergency?	
Current form of birth control?			
History of Infertility, Ovarian Cyst or PCOS?			
History of Fibroids or Endometriosis?			

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Surgical History: (Include c-sections, abortions, and D&C)-

Type None if no history of Surgeries.

Type of Surgeries	Date	Hospital

Past Medical History: (Please check all that you have a previous or current history of)

Cancer, Breast		Endocrinology -Osteopenia	
Cancer, Cervical		Endocrinology- Osteoporosis	
Cancer, Colon		Endocrinology-Other	
Cancer, Endometriosis/Uterine		Endocrinology -Vitamin D Deficiency	
Cancer, Genetic Screening		Eyes-Glaucoma	
Cancer, Lung		Eyes-Other	
Cancer, Other		Eye-Vision loss/Macular Degeneration	
Cancer, Ovarian		GI-Colon Polyps	
Cancer, Skin		GI-Chohn's/Ulcerative Colitis	
Cancer Vaginal		GI- Gall bladder Disease	
Cancer, Heart Arrhythmia		GI-Hemorrhoids	
Cardiology-Heart Disease		GI-IBS	
Cardiology -Heart Murmur/Mitral Valve Prolapsed		GI-Liver Disease/Hepatitis	
Cardiology-High Blood Pressure		GI-other	
Cardiology, High Cholesterol		GI-Re flux/ Ulcers	
Cardiology, Other		Gyn-Dysplasia	
Dermatology, Acne		Gyn-Endometriosis	
Dermatology- Eczema/Psoriasis		Gyn-Fibroids	
Dermatology-Other		Gyn-infertility	
ENT, Hearing Loss		Gyn -Other	
ENT, Other		Gyn -PCOS	

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ENT-Seasonal Allergies/ Allergies Rhinitis		Hematology- Anemia	
Endocrinology,Diabetes		Hematology-Bleeding disorder	
Endocrinology - Glucose Intolerance/Insulin Resistance		Hematology- Blood Clotting Disorder/Face V Leiden	
Endocrinology, History of Gestational Diabetes		Hematology-Blood Transfusion	
Endocrinology - Hyperthyroidism		Hematology- DVT/Pulmonary Embolism	
Endocrinology- Hypothyroidism		Hematology -Other	
ID- Chicken Px/Shingles		Pulmonary- COPD/Emphysema	
ID-HIV		Pulmonary-Other	
ID-M RSA		Pulmonary -Sleep Apnea	
ID-other		Rheumatology-Arthritis	
ID- Tuberculosis/Positive PPD		Rheumatology - Autoimmune Disease	
Nephrology -Renal Disease		Rheumatology - Fibromyalgia/Chronic Pain	
Neurology- Headaches		Rheumatology-Other	
Neurology -Multiple Sclerosis		Urology (blood in urine)	
Neurology-Other		Urology -Interstitial Cystitis	
Neurology- Seizure/Epilepsy		Urology-Other	
Neurology - Stroke/TIA		Urology-Recurrent UTI	
Ortho -Arthritis		Urology-Stones	
Ortho -Chronic Back Pain		Urology-Urinary Incontinence	
Ortho -Fractures		Weight Management	
Ortho -Other		Psych-Depression	
Psych-ADD/ADHD		Psych-Eating Disorder	
Psych-Anxiety		Pulmonary-Asthma	