

NOVA Group for Women

Glenna Andersen MD, Darya Maanavi MD, Eleanor Yoon MD, Cindy Kinder MD, Dipa M. Joshi MD
 Jennifer Truax, MSN,FNP, Rebecca Hindman, MSN, CNM, Elizabeth Itote, MSN,CNM,PhD

Name:
Physician (Gyn):
Date of Birth:

Allergies
Allergic to (food, medicine, other agents)
Reactions (rash, cough, anaphylaxis, etc.)

Current Medications
Medications (with dosage)
Route (Oral, subcutaneous, etc.)
Frequency
Primary pharmacy (with phone number)

Past Medical History			Comments	Past Medical History (Cont.)			Comments
Abnormal Pap	Yes	No		Irritable bowel syndrome	Yes	No	
Anemia	Yes	No		Multiple sclerosis	Yes	No	
Anxiety	Yes	No		Seizures	Yes	No	
Asthma	Yes	No		Ulcerative colitis	Yes	No	
Breast cancer	Yes	No		Urinary Incontinence	Yes	No	
Breast mass	Yes	No		Urinary Tract Infection	Yes	No	
Cervical dysplasia	Yes	No		Infection History			
Coronary artery disease	Yes	No		Hep B (high risk or immunized)	Yes	No	
Crohn's disease	Yes	No		Hep C	Yes	No	
Depression	Yes	No		Rash/Virus since last LMP	Yes	No	
Diabetes gestational	Yes	No		TB exposure/Hx of TB	Yes	No	
Diabetes mellitus	Yes	No		Toxoplasmosis	Yes	No	
Endometriosis	Yes	No		Varicella	Yes	No	
Gall Bladder Disease	Yes	No		History of STDs			
Headaches	Yes	No		Chlamydia	Yes	No	
Hemorrhoids	Yes	No		Gonorrhea	Yes	No	
Hyperlipidemia	Yes	No		Herpes	Yes	No	
Hypertension	Yes	No		Syphilis	Yes	No	
Hypothyroidism	Yes	No		Warts	Yes	No	
Infertility	Yes	No					

Genetic History			Comments			Comments
Advanced maternal age	Yes	No		Mental retardation/Autism	Yes	No
Congenital heart defect	Yes	No		Muscular dystrophy	Yes	No
Cystic fibrosis	Yes	No		Neural tube defect	Yes	No
Downs syndrome	Yes	No		Other inherited genetic/chromc	Yes	No
Fragile X	Yes	No		Sickle cell disease or trait	Yes	No
Hemophilia	Yes	No		Tay-Sachs	Yes	No
Huntington chorea	Yes	No		Thalassemia	Yes	No

Past Surgical History			Comments			Comments
Appendectomy	Yes	No		Cryosurgery of cervix	Yes	No
Breast biopsy	Yes	No		Dilation and curettage	Yes	No
Breast enhancement	Yes	No		Hysterectomy	Yes	No
Breast reduction	Yes	No		Hysteroscopy	Yes	No
Breast reconstruction	Yes	No		Laser ablation of cervix	Yes	No
C-section	Yes	No		LEEP	Yes	No
Cholecystectomy	Yes	No		Pelvic laparoscopy	Yes	No
Colposcopy	Yes	No		Tubal ligation	Yes	No
Conization of cervix	Yes	No				

Family History	Name	Status (Alive/Deceased)	Alcohol abuse	Alzheimer's	Autoimmune	Bipolar disorder	Breast cancer	Colon cancer	CAD	Depression	Diabetes	Early menopause	Gallbladder disease	Hypertension	Hypertension	Hypothyroidism	Hyperthyroidism	Melanoma	Migraines	Osteoporosis	Ovarian cancer	Stroke	Uterine cancer
Relationship																							
Mother																							
Father																							
Sister																							
Brother																							
MGM																							
MGF																							
PGM																							
PGF																							
Details:																							
Age of Onset:																							
Comments:																							

Drinks/Week		Glasses of wine
		Cans of beer
		Shots of liquor
		Drinks containing 0.5 oz of alcohol

Tobacco Use		Packs per Day		
Years		Quit Date		
Smokeless Tobacco		Smokeless Tobacco Type	Snuff	Chew
Quit Date				
Ready to Quit?	Yes	No		
Comment				

Drug Use	Yes	No
Comments:		
Types and usage:		

Sexual Activity																	
Sexually active	Yes	No	Not currently														
Partners	Male	Female															
Number of Partners																	
Birth control/Protection	<i>Abstinence</i>	<i>Coitus interruptus</i>	<i>Condom</i>	<i>Diaphragm</i>	<i>Implant</i>	<i>Injection</i>	<i>Inserts</i>	<i>IUD</i>	<i>OCP</i>	<i>Patch</i>	<i>Post-menopausal</i>	<i>Rhythm</i>	<i>Spermicide</i>	<i>Sponge</i>	<i>Surgical</i>	<i>Vasectomy</i>	<i>None</i>

OB History		
Number of pregnancies		
Number of living children		
Ages of children		
Miscarriage	Yes	No
Abortion	Yes	No
Fetal loss	Yes	No
Ectopic pregnancies	Yes	No
Cesarean section	Yes	No
Do you plan to have more children in the future?	Yes	No

Menstrual History	
Age at first menstrual period	
Period cycle (Days)	
Period duration (Days)	
Period Pattern	(Regular/Irregular)
Menstrual Flow	(Light/Moderate/Heavy)
Dysmenorrhea (Symptoms - cramping, etc.)	