

Date: _____

GYNECOLOGIC INTAKE HISTORY

Patient: _____

DOB: _____

REVIEW OF SYSTEMS: Please check any diamonds that apply to you now or have applied in the past.

	Currently	Past		Currently	Past
1. <u>Constitutional</u>			Vulva pain	◇	◇
Weight loss	◇	◇	Fibroid tumors	◇	◇
Weight gain	◇	◇	Ovarian cysts	◇	◇
Fever	◇	◇	8. <u>Musculoskeletal</u>		
Fatigue	◇	◇	Muscle weakness	◇	◇
2. <u>Eyes</u>			Joint pain	◇	◇
Spots before eyes	◇	◇	9. <u>Skin/breast</u>		
Vision changes	◇	◇	Pain in breast	◇	◇
3. <u>Ears/nose/throat/mouth</u>			Nipple discharge	◇	◇
Ear aches	◇	◇	Masses	◇	◇
Ringing in ears	◇	◇	Rash	◇	◇
Sinus problems	◇	◇	Ulcers/Herpes	◇	◇
Sore throat	◇	◇	Genital warts	◇	◇
Mouth sores	◇	◇	10. <u>Neurological</u>		
Dental problems	◇	◇	Dizziness	◇	◇
4. <u>Cardiovascular</u>			Seizures	◇	◇
Painful breathing	◇	◇	Numbness	◇	◇
Chest pain	◇	◇	Frequent Headaches/Migraines	◇	◇
Difficult breathing on exertion	◇	◇	11. <u>Psychiatric</u>		
Swelling of legs	◇	◇	Depression	◇	◇
Palpitations of heart	◇	◇	Frequent crying	◇	◇
5. <u>Respiratory</u>			Insomnia	◇	◇
Wheezing	◇	◇	Suicide attempt(s)	◇	◇
Spitting up blood	◇	◇	12. <u>Endocrine</u>		
Shortness of breath	◇	◇	Dry skin	◇	◇
Chronic cough	◇	◇	Abnormal thirst	◇	◇
6. <u>Gastrointestinal</u>			Hot flashes	◇	◇
Frequent diarrhea	◇	◇	13. <u>Hematologic/lymphatic</u>		
Blood in stool	◇	◇	Blood clots	◇	◇
Nausea/vomiting	◇	◇	Frequent bruises	◇	◇
Constipation	◇	◇	Enlarged lymph nodes	◇	◇
7. <u>Genitourinary</u>			14. <u>Allergic/Immunologic</u>		
Blood in urine	◇	◇	Food allergies	◇	◇
Pain with urination	◇	◇	Drug allergies	◇	◇
Urgency	◇	◇	Other allergies:		
Frequency of urination	◇	◇	15. <u>Other Menstrual Concerns:</u>		
Incomplete emptying	◇	◇			
Uncontrolled loss of urine	◇	◇			
Irregular menses	◇	◇			
Heavy menses	◇	◇			
Painful periods	◇	◇			
Painful sexual intercourse	◇	◇			
Vaginal dryness	◇	◇			

