



Dr. Stewart Mason

Dr. Kelleen Bosch

Dr. Adanna O. Ikedilo

Patient History

Patient Name _____ Date _____

D.O.B. _____ Partner's Name _____

Home Address _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

May I send lab results and correspondence thru email Yes No

PRESENT CONCERNS
Referred by:
Why did you come in today?
Is this a new problem? Yes No
Describe your problem (duration, severity, what brings it on, etc)?

MEDICATION		
DRUG NAME	DOSAGE	PRESCRIBING DOCTOR

SOCIAL HISTORY					
	Yes	No		Yes	No
Smoke?			Exercise?		
How Much?			How Much?		
Alcohol?			Any History of Sexual Abuse?		
Recreational Drugs?			Hazards at Work?		

FAMILY HISTORY					
Mother:	Living	Deceased	Age _____	Father:	Living Deceased Age _____
Things that "run in the family", Who's effected? _____					
Siblings:	Living	Deceased	Cause _____	Partner's Name:	_____
Children:	Living	Deceased	Cause _____	Employment Type:	_____

GYNECOLOGY	
Age when period started? _____	Do you leak urine? Yes No
Age period stopped _____ Have not stopped	How often? _____
Last normal period (first day)? _____	Do you get the urge prior to leaking? Yes No
Length of period (# of days)? _____	Date of last Pap smear? _____
Length in days between periods? _____	Date of last mammogram _____
Any recent changes in your periods? _____	Date of last colonoscopy? _____

OBSTETRICAL HISTORY					
Pregnancies _____		Terminations _____		Miscarriages _____	
Live Births _____					
Birth Date	Weight	Sex	Type of Delivery	Hours of Labor	Complications

OPERATIONS/HOSPITALIZATIONS		
TYPE (GALLBLADDER, APPENDIX, ETC.)	DATE	HOSPITAL/MD

MEDICAL HISTORY				
ILLNESS	YES	NO	PREVIOUSLY	DESCRIBE
Asthma				
Blood Clots				
Blood Transfusion				
Cancer				
Cataracts				
Diabetes				
Eating Disorder				
Glaucoma				
Headaches/Migraines				
Heart Problems				
Hepatitis/Liver Disease				
High Blood Pressure				
History of any abnormal Pap?				
Incontinence				
Kidney Infections				
Pneumonia/Lung Problems				
Seizures				
Sexually Transmitted Diseases				
Stroke				
Thyroid Disease				
Others:				

ALLERGIES			
MEDICINE	REACTION	MEDICINE	REACTIONS