tatum highlands medical associates

WELL WOMAN EXAM

Patient Name: _____ **Date of Birth:** _____

Please answer the following women's health questions so your provider can address your individual healthcare needs:

Breast Health
When was your last mammogram?
How often do you perform breast self-exams?

Pap History	Yes	No
When was your last Pap test?		
Were the results of your last Pap test normal?		
Have you ever had an abnormal Pap test?		
Have you ever had a POSITIVE HPV test?		
Do you have any vaginal discharge?		

Sexual, Pregnancy & Fertility History	Yes	No
Are you sexually active?		
If yes, do you and your partner use birth control?		
If yes, which method?		
Have you ever had a sexually transmitted disease?		
Have you ever used fertility medications?		
If you have been pregnant, please indicate how many of each of the following:		
Pregnancies ___ Full term live births ___ Premature ___ Miscarried ___ Aborted ___ Living Children ___		

Menstrual History				Yes	No
When was your last period?					
Were the results of your last Pap test normal?					
How often do you get your period?					
How many days does your period typically last?					
During your period, is your blood flow (circle one):	Light	Moderate	Heavy		
Do you have any bleeding between your periods?					
Do you currently have hot flashes?					
Are you on hormone replacements?					

Health History	Yes	No
Do you smoke?		
Do you have a PERSONAL history of the following:		
Blood clots?		
Pulmonary embolism?		
Clotting disorders?		
Do you have a FAMILY history of the following:		
Breast cancer?		
Colon cancer?		
Uterine cancer?		
Ovarian cancer?		
Osteoporosis?		
Heart disease?		