

Today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year      last 4 digits of SS#

Name \_\_\_\_\_ Age \_\_\_\_\_

Referring MD \_\_\_\_\_ 2<sup>nd</sup> MD to get report \_\_\_\_\_

Reason your MD ordered this exam \_\_\_\_\_

First day of your last menstrual period \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **OR**      Postmenopausal (What year?) \_\_\_\_\_      Had hysterectomy (What year?) \_\_\_\_\_

Number of previous:      Pregnancies \_\_\_\_      Term deliveries \_\_\_\_      Premature deliveries \_\_\_\_  
C-sections \_\_\_\_      Miscarriages \_\_\_\_

If you had a recent pelvic or obstetrical ultrasound:  
When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Where? \_\_\_\_\_

Do you have a latex allergy?      YES      NO

**FOR PREGNANT WOMEN**

Date of first positive pregnancy test:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_      Urine \_\_\_\_      Blood \_\_\_\_

Regular cycles?      YES      NO

Days between cycles \_\_\_\_\_

Due date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous birth weights:

Highest \_\_\_\_ lb \_\_\_\_ oz      Lowest \_\_\_\_ lb \_\_\_\_ oz

Do you have:

- \_\_\_\_ Spotting/bleeding
- \_\_\_\_ Pain/cramping
- \_\_\_\_ Diabetes
- \_\_\_\_ High blood pressure
- \_\_\_\_ Prior tubal/ectopic pregnancy
- \_\_\_\_ Personal or family history of birth defect  
What type? \_\_\_\_\_

Do you smoke?      YES      NO

Have you had genetic testing?      YES      NO

Any other pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL OTHERS**

Do you currently take:

- \_\_\_\_ Tamoxifen / Arimidex / Femara etc.
- \_\_\_\_ Hormone replacement
- \_\_\_\_ Oral contraceptives
- \_\_\_\_ Other pertinent medications:  
\_\_\_\_\_

History of:

- \_\_\_\_ Abnormal bleeding
- \_\_\_\_ Heavy bleeding
- \_\_\_\_ Endometrial ablation
- \_\_\_\_ Endometrial biopsy
- \_\_\_\_ Endometriosis
- \_\_\_\_ Fibroids
- \_\_\_\_ Current IUD
- \_\_\_\_ Tubal ligation
- \_\_\_\_ Personal or family history of breast or ovarian cancer
- \_\_\_\_ Pelvic surgery: What type?  
\_\_\_\_\_
- \_\_\_\_ Pelvic cancer: What type?  
\_\_\_\_\_