

Skidmore College Health Services

To be completed by the patient:

Current Medications (including prescription drugs, over-the-counter meds, vitamins, and herbal remedies): _____

Allergies (medications/environmental and type of reaction): _____

Health Habits:

Any changes in your health or your family's medical history since your last visit? Yes No
Do you smoke? Yes No If yes, how much per day? _____

Do you drink alcohol? Yes No If yes, how much per week? _____

What other drugs have you used? _____ How often do you use them? _____

Have you ever been taught Breast Self Exam (BSE)? Yes No Do you regularly perform BSE? Yes No

Reproductive History:

First day of last period: _____ Age at first period: _____

Average # of days periods last: _____ Number of days between periods: _____

Do you get cramps? _____ If yes, how do you treat them? _____

Date of last pelvic exam (internal) _____ Date of last pap smear? _____ Was it normal? _____

Have you ever had an abnormal pap test? _____ If yes, any follow-up testing? _____

Any bleeding between periods? _____ Number of pregnancies: _____

Number of live births: _____ Number of miscarriages: _____

Number of induced abortions: _____

Have you ever been sexually molested, assaulted, or had intercourse against your wishes? _____

Sexual History:

Current method of birth control? _____ Past method(s) of birth control: _____

Any problems with birth control method? _____

Circle if you have ever had:

Chlamydia	Herpes	Gonorrhea	Bacterial Vaginosis
Genital Warts	Syphilis	Trichomonas	Yeast Vaginal Infection
Bleeding after sex	Pain with sex	Pelvic Inflammatory Disease	

To be completed by provider:

Ever been sexually active? Yes No If no, No PAP If yes, how many partners in lifetime? _____

Age at first intercourse _____

Partners male female both

Type (s) of intercourse engaged in oral vaginal anal

1 Partner

2-3 Partners

For less than 3 years - No PAP

With consistent condom use + Non-smoker - No PAP

For more than 3 years - PAP

With consistent condom use + smoker - PAP

With inconsistent condom use - PAP

If "YES" answer to ANY of the below, a PAP is indicated

4 or more partners

History of STD/abnormal PAP

Sexually active for more than 3 years

Last PAP more than 3 years ago

Presenting with STD/PID

Over age 21 and last PAP over 2 years ago

COMMENTS: _____

Provider Name and Title: _____

Name: _____ Date: _____

GYN Health History