FORM 2

DRS. MOORE & STOCKSTILL, P.C.

Patient History Form

Just do the best you can … We don't expect perfection!

Patient Name: _____

Birth Date: _____ **Age:** _____

Appt with: (circle) Dr. Moore Dr. Stockstill Referring Physician: _____

REASON FOR VISIT: _____

PAP SMEAR HISTORY: Last Pap (year): _____ **MD / Office:** _____

History of abnormal paps / treatment: _____

HISTORY OF SEXUALLY TRANSMITTED INFECTIONS / TYPE: _____

OB HISTORY: # Vaginal __ # C/Sections __ #Miscarriages __ #Abortions __ # Tubal Preg ___

Pregnancy Complications: _____

(If not postmenopausal):

FIRST DAY OF LAST MENSTRUAL PERIOD _____**Type of contraception:** _____

MENOPAUSE: Age of onset: _____ **Hot flashes** _____ **Vaginal dryness:** _____

Hormone Replacement: Present: _____ **Past use:** _____

ALLERGIES: _____

MEDICATIONS: _____

_____

_____

MEDICAL PROBLEMS: _____

_____

_____

SURGERIES: _____

_____

_____

SOCIAL HISTORY: **Tobacco:** **No** **Yes** **Pack per Day: _____** **Previous**
Alcohol: **No** **Occas** **Frequent** **Amt: _____**
Drugs: **No** **Yes** **Previous**

FAMILY HISTORY:

Breast cancer: **No** **Yes** **Relationship / Age at illness: _____**
Uterine cancer: **No** **Yes** **Relationship / Age at illness: _____**
Ovarian cancer: **No** **Yes** **Relationship / Age at illness: _____**
Colon cancer: **No** **Yes** **Relationship / Age at illness: _____**
Other: _____

CURRENT SYMPTOMS: (Circle if positive)

GENERAL: fatigue, fever, unexplained weight change, body aches
HEENT: vision changes, hearing loss, persistent sore throat
BREASTS: lumps, tenderness, discharge
HEME/LYMPH: easy bleeding, easy bruising, enlarged lymph nodes
SKIN: rash, change in moles, lumps
CV: chest pain, irregular heart beat, ankle swelling
RESP: shortness of breath, wheezing, persistent cough
GI: nausea, vomiting, diarrhea, constipation, blood in stools
GU: urinary incontinence, urgency, frequency, burning
IMMUNO: allergies, sinus congestion, frequent illnesses
NEURO: muscle weakness, tingling, incoordination
MUSCULOSKELETAL: joint pain, muscle pain, back pain
ENDOCRINE: hot flashes, reduced libido
PSYCH: anxiety, depression, difficulty sleeping

Year last mammogram: _____ **Location: _____**
Year last colonoscopy: _____ **Physician: _____**
Year last bone density: _____ **Location: _____**

Year last cholesterol checked: _____

Vaccines received/year:
Gardasil/HPV _____ **Flu _____** **Tetanus _____** **Shingles ____** **Pneumonia _____**

Primary Care Physician: _____