GYNECOLOGICAL HISTORY:

1st day of Last period (date)________________________________________________
Age at first period_________________________________________________________
How many days do you bleed?______________________________________________
How many days from 1st day of bleeding to next first day of bleeding?________
Bleeding between periods?________________________________________________
Missed periods?________________________ Treatment:_________________________
Crumbs?__________ PMS?___________________________________________________
Change in periods in past year?___________________________________________
Date of last pelvic exam___________________________________________________

Many of these questions are very personal. They are relevant to your health and the type of contraception you may choose. Please feel free to discuss with your Health Care Provider any questions you do not understand or hesitate to answer. This information is kept in strict medical confidence.

SEXUAL HISTORY:

Have you ever had intercourse?____________________________________________
Age at first intercourse___________________________________________________
Number of partners until now______________________________________________
Pain or bleeding with intercourse?_________________________________________
Have you ever been pregnant?____________________________________________
Have you been diagnosed with:
___yeast infection?
___trichomonas?
___herpes?
___genital warts?
___chlamydia?
___gonorrhea?
___HIV/AIDS?
___pelvic inflammatory disease?
Have you ever had an abnormal pap smear?
What is the method of contraception you use now?___________________________
Method of contraception you desire today?__________________________________
Do you use condoms to protect yourself from sexually transmitted diseases?______