Established Patient Update

First Name_____Last Name_____
Date of Birth_____Age_____

This is an update to your existing medical record. Please list any changes in your medical history since your last annual exam.

Current Medications / Supplements - Please list all current medications or supplements you take.

Name	Dosage	Frequency	Rx or Over the Counter

Major Health Issues, Surgeries or Hospitalizations: O **No New Issues**

_____
_____
_____

Allergies: O **None** O No **New** Allergies

_____

Gyncological Update

Last Menstrual Period (first day) _____ Are your periods regular? O No O Yes
Average number of days between each period (ex: 28 days)_____How many days of flow_____
Average blood loss: O light O normal O heavy Cramps? O No O Yes
Current Birth Control Method_____
Does your sexual partner have any illnesses or STD's? O No O Yes (explain)_____

New Family History of Cancer or other Health Issues: O **No New History**

Breast O No O Yes Uterine O No O Yes Ovarian O No O Yes Colon O No O Yes
Other: _____
_____

Social History

Smoke O No O Yes (how much)_____Do you drink alcohol? O No O Yes (how much)_____
Any recreational drugs? O No O Yes(explain)_____
Any changes in your personal relationships? O No O Yes (explain)_____
Do you feel safe in your current relationship? O No O Yes (explain)_____

Are you fasting today? O No O Yes When did you last eat?_____

Thank You

Office Use Only	BP WT Last Pap	Last Mammo Last Colonoscopy Last Dexa