

J.M. Anderson, Jr., M.D.
Charlene Seale, NP-C, RNFA
Gynecologic Intake History

DATE: _____ **REFERRED BY:** _____

NAME: _____ **REASON FOR VISIT:** _____

Review of Systems/ Past Medical History

Please mark (x) if any of the following apply to you now or in the past.

Constitutional	Currently	Past
Weight Loss	—	—
Weight Gain	—	—
Fever	—	—
Fatigue	—	—
Eyes		
Double Vision	—	—
Glaucoma	—	—
Spots before eyes	—	—
Vision Changes	—	—
Cardiovascular		
Painful breathing	—	—
Chest pain	—	—
Swelling of legs	—	—
Irregular heartbeat	—	—
Heart Attack	—	—
Stroke	—	—
Heart Murmur	—	—
Hight Blood Pressure	—	—
Heart Disease	—	—
High cholesterol	—	—
Respiratory		
Asthma	—	—
Wheezing	—	—
Chronic cough	—	—
Shortness of breath	—	—
Gastrointestinal		
Diarrhea, frequent	—	—
Bood in bowel movement	—	—
Nausea/vomiting, frequent	—	—
Hepatitis	—	—
Liver Disease	—	—
Bowel Disease	—	—
Constipation, frequent	—	—

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Genitourinary	Currently	Past
Blood in urine	—	—
Pain with urination	—	—
Urgency to urinate	—	—
Frequency of urination	—	—
Incomplete emptying	—	—
Stress Incontinence	—	—
Abnormal periods	—	—
Painful intercourse	—	—
Uterine Cancer	—	—
Endometrial Cancer	—	—
Ovarian Cancer	—	—
Kidney Disease	—	—
Frequent Urinary Tract Infections	—	—
History of sexually transmitted disease(s) (STD's)	—	—
Skin/Breast		
Pain in breast	—	—
Discharge from breast	—	—
Masses or lumps	—	—
Rash	—	—
Ulcers	—	—
Musculoskeletal		
Osteoporosis	—	—
Osteopenia	—	—
Joint pain	—	—
Joint replacement	—	—
Orthopedic surgery	—	—
Neurological		
Dizziness	—	—
Seizures	—	—
Numbness	—	—
Migraines	—	—
Headaches	—	—
Psychiatric		
Depression	—	—
Crying, frequent/ Excessive tearfulness	—	—
Moodiness, excessive	—	—
Endocrine		
Dry skin	—	—
Abnormal thirst	—	—
Anemia	—	—
Diabetes	—	—

