

**GYNECOLOGY - HISTORY & PH** CAL



NAME		MARITAL STATUS <b>S M W D SEP</b>	DATE OF BIRTH
ADDRESS		PHONE (H)	(O)
EMPLOYER / OCCUPATION	INS#	REFERRED BY	

MENARCHE	G	P	A	L	MENST Hx - LNMP	CYCLE	REG <input type="checkbox"/> Y <input type="checkbox"/> N	SPOT	PAIN
LAST PAP TEST	<input type="checkbox"/> NORM <input type="checkbox"/> ABN		CONTRACEPTION - CURRENT METHOD		PAST METHOD(S)				
MAMMOGRAM	<input type="checkbox"/> NORM <input type="checkbox"/> ABN		STD		B. VAG		PRE-MENSTRUAL DYSPHORIC DISORDER <input type="checkbox"/> Y <input type="checkbox"/> N		
MENOPAUSE	<input type="checkbox"/> HOT FLASHES <input type="checkbox"/> VAGINAL DRYNESS <input type="checkbox"/> NIGHT SWEATS <input type="checkbox"/> MEMORY / CONCENTRATION								
SEXUAL PROBLEMS	<input type="checkbox"/> LIBIDO <input type="checkbox"/> ORGASMIC DYSFUNCTION <input type="checkbox"/> DYSpareunia <input type="checkbox"/> VAGINISMUS <input type="checkbox"/>								
CC HISTORY OF PRESENT ILLNESS							<input type="checkbox"/> Y <input type="checkbox"/> N	MOOD SWINGS	
							<input type="checkbox"/> Y <input type="checkbox"/> N	IRRITABILITY	
							<input type="checkbox"/> Y <input type="checkbox"/> N	TENSION / ANXIETY	
							<input type="checkbox"/> Y <input type="checkbox"/> N	DEPRESSED MOOD	
							<input type="checkbox"/> Y <input type="checkbox"/> N	BREAST PAIN / TENDERNESS	
							<input type="checkbox"/> Y <input type="checkbox"/> N	BLOATING	
							<input type="checkbox"/> Y <input type="checkbox"/> N	FEELING OUT OF CONTROL OR OVERWHELMED	
							<input type="checkbox"/> Y <input type="checkbox"/> N	SYMPTOMS OCCURRING A WEEK OR TWO BEFORE MENSES CONSISTENTLY FROM MONTH TO MONTH	

HABITS	CIG					ALCOHOL		OZ/WK	COFFEE	CUPS/DAY	REGULAR EXERCISE					STREET DRUGS	
	MO/YR	GEST AGE	LABOR	DEL/TYPE	WT	SEX	REMARKS	MO/YR	GEST AGE	LABOR	DEL/TYPE	WT	SEX	REMARKS			
O B I S S I T																	

**PAST MEDICAL & FAMILY HISTORY - (✓) NORMAL (X) ABNORMAL (USE REFERENCE #'S TO DETAIL POSITIVE FINDINGS)**

	SELF	FAM		SELF	FAM
1. WT LOSS / GAIN	<input type="checkbox"/>		14. BLOOD TRANSFUSION	<input type="checkbox"/>	
2. HEADACHES / MIGRAINE	<input type="checkbox"/>	<input type="checkbox"/>	15. VARICOSE V / PHLEBITIS	<input type="checkbox"/>	<input type="checkbox"/>
3. HEART DIS (MVP - RHD)	<input type="checkbox"/>	<input type="checkbox"/>	16. THYROID DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
4. HYPERTENSION	<input type="checkbox"/>	<input type="checkbox"/>	17. DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
5. RESPIRATORY DIS	<input type="checkbox"/>	<input type="checkbox"/>	18. CANCER	<input type="checkbox"/>	<input type="checkbox"/>
6. BREAST DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	19. EPILEPSY / NEUR DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
7. JAUNDICE / HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>	20. ALZHEIMER'S DISEASE	<input type="checkbox"/>	<input type="checkbox"/>
8. GALL BLADDER DIS	<input type="checkbox"/>	<input type="checkbox"/>	21. ARTHRITIS / OSTEOPOROSIS	<input type="checkbox"/>	<input type="checkbox"/>
9. H. HERNIA / PEP ULCER	<input type="checkbox"/>	<input type="checkbox"/>	22. SKIN DISEASES	<input type="checkbox"/>	<input type="checkbox"/>
10. BOWEL DISORDERS	<input type="checkbox"/>	<input type="checkbox"/>	24. ANXIETY DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>
11. KIDNEY DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	23. SLEEP DIFFICULTY	<input type="checkbox"/>	
12. URINARY INCONT / INFECT	<input type="checkbox"/>	<input type="checkbox"/>	24. STD <input type="checkbox"/> GONOR <input type="checkbox"/> CHLAMYD	<input type="checkbox"/>	
13. ANEMIA / BLOOD DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	HIV <input type="checkbox"/> HERPES <input type="checkbox"/> SYPHILIS <input type="checkbox"/>	<input type="checkbox"/>	

H O S P	MO / YR	ILLNESS / OPERATION	MO / YR	ILLNESS / OPERATION

MEDICATIONS	CALCIUM SUPPLEMENTS & HERBAL REMEDIES	ALLERGIES



**Because each of your menopausal patients has individual treatment needs.**

**Cenestin<sup>®</sup>**  
 (synthetic conjugated estrogens, A) Tablets  
 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg  
*For consistent release.*

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