



**Medical History: please check any that apply and explain - add any additional problems at the bottom of this section**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| ___ anxiety _____              | ___ high cholesterol _____          |
| ___ arthritis _____            | ___ herpes _____                    |
| ___ asthma _____               | ___ HPV _____                       |
| ___ cancer _____               | ___ hypertension _____              |
| ___ heart disease _____        | ___ interstitial cystitis _____     |
| ___ hepatitis _____            | ___ irritable bowel _____           |
| ___ lung problems _____        | ___ kidney problems _____           |
| ___ depression _____           | ___ migraines _____                 |
| ___ diabetes _____             | ___ osteoporosis _____              |
| ___ endometriosis _____        | ___ PID _____                       |
| ___ seizure disorder _____     | ___ polycystic ovary syndrome _____ |
| ___ factor v leiden _____      | ___ incontinence _____              |
| ___ fibroids _____             | ___ stroke _____                    |
| ___ gestational diabetes _____ | ___ substance abuse _____           |
| ___ GI problems _____          | ___ thyroid problems _____          |

Please list any other problems in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family History: please list any health problems for the following relatives:**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Brother \_\_\_\_\_

Sister \_\_\_\_\_

Maternal Grandmother \_\_\_\_\_

Maternal Grandfather \_\_\_\_\_

Paternal Grandmother \_\_\_\_\_

Paternal Grandfather \_\_\_\_\_

Maternal Aunt \_\_\_\_\_

Maternal Uncle \_\_\_\_\_

Paternal Aunt \_\_\_\_\_

Paternal Uncle \_\_\_\_\_

Other: \_\_\_\_\_

I attest that the information above is complete, true, and correct. I understand that my healthcare and management may be dependent upon such accurate information and misrepresentation on my part may lead to adverse outcomes.

Signed \_\_\_\_\_

Date \_\_\_\_\_