

Sonora Naturopathic

Name _____

Date: __/__/__

Women's Health History

What was your age at the start of menstruation? _____

When was your last period? _____ How long did it last? _____

How many days between periods? _____ Is your cycle irregular? _____

Do you use pads or tampons? _____ How many on heaviest day? _____

Do you get menstrual cramps or other problems?

Premenstrual warning symptoms before your period: (Grade intensity, 1 = mild 2 = moderate 3 = severe)

____ Breast Tenderness ____ Bloating ____ Headache ____ Cramping ____ Low Back Pain

____ Constipation ____ Skin ____ Mood Changes ____ Diarrhea ____ Appetite Changes

____ Other _____

Do the above premenstrual symptoms get better with your period flow? _____

Do you have any vaginal discharge or irritation? _____

Do you have recurring vaginal or bladder infections? _____

Have you ever had gynecological or breast surgery? _____

Do you have a problem or past history of herpes, venereal warts, or venereal disease? _____

When was your last pap? _____ Do you have hot flashes? _____

Breast Problems: Discharge Tenderness Swelling

Did you breast-feed your babies? _____ How long? _____

Current Method of Birth Control:

Not applicable Partner has had vasectomy or is otherwise sterile

None Tubal Ligation Hysterectomy Other _____

IUD Diaphragm Condoms Foam

Pill (Name: _____ # of years taken _____)

Previous Method of Birth Control:

Not applicable Partner has had vasectomy or is otherwise sterile

None Tubal Ligation Hysterectomy Other _____

IUD Diaphragm Condoms Foam

Pill (Name: _____ # of years taken _____)

Any questions or problems concerning sex? No Yes Any pain or discomfort with sexual intercourse? No Yes

Times pregnant _____ Living Children _____ Miscarriages _____ Abortions _____ Premature Births _____

Please complete information below concerning your pregnancies

No.	Born Month/Year	Weight at Birth	Sex	Length of Pregnancy	Delivery Type	Complications - Describe if any
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____