Visalia OB/Gyn Medical Associates, Inc
New Patient Health Questionnaire

Name_____
Occupation_____
Primary Care Physician_____
(We encourage all patients to have a family or internal medicine doctor)

Marital Status: Single Married Widowed Divorced Separated
Other_____
Total Pregnancies____
Total Deliveries after 20 weeks____
Miscarriages (losses before 20 weeks)_____
Pregnancy Terminations_____
Living Children_____

Past and Current Medical History - check all that apply

☐ Diabetes
☐ High Blood Pressure
☐ High Cholesterol
☐ Asthma
☐ Thyroid Problems
☐ Kidney Problems
☐ Liver Problems
☐ Cancer
☐ Heart Problems/Murmurs
☐ Other Lung Diseases (Tuberculosis)
☐ Stomach or Intestinal Problems
☐ Freezing or Leep of the Cervix
☐ Sexually Transmitted Diseases
☐ Anxiety/Depression
☐ Other Psychiatric Problems
☐ Seizures
☐ Anemia
☐ HIV/AIDS
☐ Seasonal Allergies
☐ Latex Allergy
☐ Arthritis
☐ Collagen Vascular Diseases
☐ Skin Diseases
☐ Gastric Reflux
☐ Osteoporosis
☐ Other _____
_____
_____

Past Operations- check all that apply

☐ Appendectomy
☐ Tonsillectomy
☐ Gallbladder removal
☐ Cesarean section
☐ Ectopic pregnancy
☐ Tubal ligation
☐ Laparoscopy
☐ Hysterectomy
☐ Other gynecologic surgery
☐ Stomach or bowel surgery
☐ Bladder surgery
☐ Breast surgery
☐ Bone or joint surgery
☐ Cosmetic surgery
☐ Gastric bypass
☐ Other _____
_____
_____

Medications/Habits

Medication allergies: _____

Current Medications: _____

_____

_____

Have you ever smoked? Yes No Currently _____ packs per day

Do you drink alcohol? Yes No How many drinks per week? _____

Do you use recreational drugs? Yes No

Family History

Does anyone in your family (parents, grandparents, siblings, children) have?

(Check all that apply) (Who has it)

- □ Diabetes _____
- □ High blood pressure _____
- □ Thyroid disease _____
- □ Coronary artery disease _____
- □ Elevated cholesterol _____
- □ Osteoporosis _____
- □ Breast cancer _____
- □ Ovarian cancer _____
- □ Colon cancer _____

Other Information

Last Menstral Period? _____

Last Pap smear? _____

Last Mammogram? _____

Last Colonoscopy/Flexible Sigmoidoscopy? _____

Last Bone density test? _____

Last Screening blood tests? _____