



### MEDICAL HISTORY

Any known drug allergies: \_\_\_\_\_

Have you ever had any issues with anesthesia? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Current Hormone Replacement Therapy: \_\_\_\_\_

Past Hormone Replacement Therapy: \_\_\_\_\_

Nutritional/Vitamin Supplements: \_\_\_\_\_

Surgeries, list all and when: \_\_\_\_\_

Last menstrual period (estimate year if unknown): \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

#### Preventative Medical Care:

- ( ) Medical/GYN exam in the last year.
- ( ) Mammogram in the last 12 months.
- ( ) Bone density in the last 12 months.
- ( ) Pelvic ultrasound in the last 12 months.

#### High Risk Past Medical/Surgical History:

- ( ) Breast cancer.
- ( ) Uterine cancer.
- ( ) Ovarian cancer.
- ( ) Hysterectomy with removal of ovaries.
- ( ) Hysterectomy only.
- ( ) Oophorectomy removal of ovaries.

#### Birth Control Method:

- ( ) Menopause.
- ( ) Hysterectomy.
- ( ) Tubal ligation.
- ( ) Birth control pills.
- ( ) Vasectomy.
- ( ) Other: \_\_\_\_\_

#### Medical Illnesses:

- ( ) Polycystic Ovary Syndrome(PCOS)
- ( ) High blood pressure.
- ( ) Heart bypass.
- ( ) High cholesterol.
- ( ) Hypertension.
- ( ) Heart disease.
- ( ) Stroke and/or heart attack.
- ( ) Blood clot and/or a pulmonary emboli.
- ( ) Arrhythmia.
- ( ) Any form of Hepatitis or HIV.
- ( ) Lupus or other auto immune disease.
- ( ) Fibromyalgia.
- ( ) Trouble passing urine or take Flomax or Avodart.
- ( ) Chronic liver disease (hepatitis, fatty liver, cirrhosis).
- ( ) Diabetes.
- ( ) Thyroid disease.
- ( ) Arthritis.
- ( ) Depression/anxiety.
- ( ) Psychiatric disorder.
- ( ) Cancer (type): \_\_\_\_\_

Year: \_\_\_\_\_

Print Name

Signature

Today's Date

