

NAME \_\_\_\_\_ \*DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*WHO IS YOUR PRIVATE DOCTOR? \_\_\_\_\_  
 \*MAJOR MEDICAL CARE IN THE PAST YEAR \_\_\_\_\_  
 PREVIOUS EXAM? \_\_\_\_\_

*MEDICAL HISTORY		SELF	RELATIVE
YES	NO		

\*Have YOU ever had any of the following conditions?

YES	NO	
		Eating disorders: obesity, anorexia, bulimia
		Frequent or severe headaches
		Heart problems/murmurs
		Stomach/intestinal problems
		Mono or liver problems/Hepatitis
		Thyroid problems
		Emotional problems/Depression/Substance abuse
		Vision problems
		Blood clots in veins/varicose veins
		Anemia
		Breast disease/lump/nipple discharge
		Gall bladder problems/infections
		Kidney/bladder problems/infections
		HIV/gonorrhea/syphilis/herpes, warts & chlamydia
		Sexual abuse (Actual or potential)
		Domestic violence (Actual or potential)
		Been vaccinated for Measles/Mumps/Rubella
		<b>MEDICATION ALLERGIES</b> , Please list:
		Current medications:
		Do you smoke cigarettes or use tobacco, street drugs, or alcohol? If yes, specify amount.

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.  
 \*SIGNATURE OF CLIENT \_\_\_\_\_

\*HOSPITAL/SURGICAL HISTORY  
 \*YEAR  
 Surgery \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current problems/symptoms:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*CONTRACEPTIVE HISTORY  
 Current method of birth control? \_\_\_\_\_  
 \_\_\_\_\_  
 Methods of birth control used.  
 \_\_\_\_\_ Condoms  
 \_\_\_\_\_ Vasectomy  
 \_\_\_\_\_ Withdrawal  
 \_\_\_\_\_ Natural Family Planning  
 Problems with any of these methods:  
 \_\_\_\_\_  
 What method do you want to use now?  
 \_\_\_\_\_

\*SEXUAL HISTORY  
 Age of first intercourse \_\_\_\_\_  
 Are you currently sexually active?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 Do you use condoms?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 \*HAVING MORE THAN ONE SEX PARTNER INCREASES THE CHANCE OF SEXUAL DISEASES:  
 Have you had more than one sex partner in the past six months?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

- RISK EXPOSURE INFORMATION  
 YES NO
- Homo/Bisexual
  - IV Drug User
  - Hemophilia
  - Trade Sex for Drugs
  - Heterosexual (male/female)
  - Prostitute
  - Sex Partner of Homo/Bisexual
  - Sex Partner of IV Drug User
  - Sex Partner of PWA/HIV+
  - Other \_\_\_\_\_

STAFF COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_