To help your midwife during today's health exam, please complete items 1 through 12.

1. Age: 
   First day of last menstrual period (or first year without menstruation, if through menopause): 

2. Number of times pregnant:
   Number of completed pregnancies: 
   Date of last pregnancy: 
   If you are under age 55, what method of birth control do you use? 
   If pills, what kind? 
   How many years have you used the pills? 
   Are you planning a pregnancy in the next 6-12 months? 
   
3. If you are through menopause or over age 50, do you take any of the following pills?
   Calcium 
   Estrogen (Premarin) 
   Progesterone (Provera) 

4. Have you had any of the following problems:
   a. Abnormal Pap smears 
      If yes, date: ____________________________ 
      For abnormality, were any of the following done:
      Colposcopy 
      Biopsies 
      Surgery 
   b. High blood pressure, heart disease or high cholesterol 
   c. Migraine headaches, blood clot in legs or cancer 
   d. Abdominal or pelvic surgery or special tests 
      If yes, what: ____________________________ when: 

5. Do you have any of the following:
   a. Problems with present method of birth control 
   b. Bleeding between periods or since periods stopped 
   c. Pain with intercourse or periods 

6. Do you have a parent, brother or sister with a history of the following:
   a. Cancer of the breast, intestine or female organs 
   b. Heart pain or heart attacks before the age of 55 
   c. Diabetes 
      If yes to a, b or c: 
      Relation: ____________________________ Type: 
      Relation: ____________________________ Type: 
      Relation: ____________________________ Type: 

7. Osteoporosis (thin-bone) screening:
   a. Is there a history of any relatives with the following:
      stooping over or losing height as they got older, "thin bones," hip fractures 
   b. Have you had any of the following:
      Height loss 
      Broken hip or wrist 
      Bone-density test 

- Patient Label -
8. Have you ever used tobacco?  □ Yes  □ No

   If yes:
   Average number of packs/day: ______
   Number of years smoked: ______
   Year that you quit: ______

   When are you planning to quit?
   □ now  □ next 6 months  □ sometime  □ never

9. Do you drink alcohol or use street drugs?  □ Yes  □ No

   If yes:
   a. How often? __________________________
   b. Which drugs? _________________________
   c. Have people ever annoyed you by nagging you about your drinking?  □ Yes  □ No
   d. Have you ever felt guilty about your drinking or drug use?  □ Yes  □ No

10. Do you take any medications or herbs?  □ Yes  □ No

11. Prevention:
   a. Which of the following are included in your diet:
      Grains and starches  □ a lot  □ some  □ few
      Vegetables  □ a lot  □ some  □ few
      Dairy foods  □ a lot  □ some  □ few
      Meats  □ a lot  □ some  □ few
      Sweets  □ a lot  □ some  □ few

   b. Exercise:
      Activity: _____________________________
      Days per week _______  Duration _______ minutes
      Exertion:  □ stroll  □ mild  □ heavy

   c. Do you always wear seat belts?  □ Yes  □ No

   d. If over 30 years old, have you had your cholesterol level checked in the past 5 years?  □ Yes  □ No
      If over 30, have you had your HPV checked?  □ Yes  □ No

   e. Have you had a tetanus shot in the past 10 years?  □ Yes  □ No

   f. Does your house have a working smoke detector?  □ Yes  □ No

   g. Do you have firearms at home?  □ Yes  □ No

   h. Have you ever had a mammogram?  □ Yes  □ No

If yes, date of last: ______  where: __________________________

Have you ever had any abnormal mammograms?  □ Yes  □ No

If yes, date: ______  problem: __________________________

For abnormality, did you have any of the following:

Biopsy  □ Yes  □ No
Cyst fluid drained  □ Yes  □ No
Surgery  □ Yes  □ No

i. How many sexual partners have you had:
   in the last 12 months? ______  in your lifetime? ______

   Your sexual orientation: _____________________________

j. When is the last time you had a dental check-up? ______

12. Please describe any concerns you have:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your help.