

FORMS Fill out prior to your appointment and bring with you. Call the office with any questions.

MENSTRUAL HISTORY

Today's Date:

(Female only)

Month / Day / Year

Check YES or NO; fill in the blanks...

- Yes No
Do you currently menstruate? If no, when was your change of life?
Up to the present, periods have been: Regular Irregular
Interval between periods ranges in length from to days.
Menstrual flow now is: Scant Moderate Heavy Excessive
Menstrual flow usually lasts for a total of days.
Do you have excessive anxiety or depression in relation to your periods?
Are your periods painful? If so, are they: Moderate Severe
Do you have any other symptoms associated with periods? (List)
Do you ever have bleeding or spotting between periods?
Do you ever have any bleeding or spotting following sexual intercourse?
Are you using some form of birth control? Type
Have you missed any periods at this time? How many?
Was your last period normal? First day of last period was

How many times have you been pregnant? Living children Deceased
Miscarriages Childs name & DOB 1. 2. 3. 4. 5.

Any complications of pregnancy, labor, or delivery?

Answer the following if you have entered menopause

- YES NO
Have you had any bleeding or spotting since menstruation stopped?
Have you had any mood instability?
Do you have any hot flashes?
Have you taken any hormones? What? Dates?
Have you had a baseline bone density test?
Results?
Do you take calcium? How much?
Do you take Vitamin D? How much?