MHC Healthcare
Quality healthcare with a heart!

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CONFIDENTIAL GYNECOLOGY HISTORY

	YES	NO
1. Please indicate your present method of birth control. None, or _____		
2. Do you think you might be pregnant?	☐	☐
3. Your last menstrual period began on_____/_____/ _____		
4. Write in any changes related to your period:_____		
5. Have you noticed any unusual vaginal odor, discharge, or itching?	☐	☐
6. Are you sexually active? If yes, how many partners have you had in the past year?_____ If yes, do you have pain during intercourse? Y / N	☐	☐
7. How would you describe your sexuality? (**circle one**) Heterosexual Lesbian Bisexual Not Sexually Active		
8. Are you worried you might have a sexually transmitted disease?	☐	☐
9. Have you ever been diagnosed with Gonorrhea, Chlamydia, Herpes, Syphilis, or HIV(AIDS)? If yes, when and where were you treated? _____	☐	☐
10. Have you found any abnormalities while examining your breasts?	☐	☐
11. Have you ever had an abnormal finding on a mammogram? Date and place of last mammogram _____	☐	☐
12. Have you had a pelvic ultrasound done within the last 12 months? If yes, date and place of ultrasound _____	☐	☐
13. Since your last visit have you had any recent operations, serious illnesses, or injuries? If yes, describe_____	☐	☐
14. Are there any other problems you would like to discuss with me? If yes, describe_____	☐	☐

15. Please list the Pharmacy of your choice if a prescription is needed:

_____