



NAME _____

DATE _____

MENSTRUAL HISTORY

First day of last normal period _____ Do you think you might be pregnant? _____

Age periods began _____ Number of days from first day of one period to the next _____

Number of days of flow _____ Regular _____ Irregular _____ Premenstrual tension _____

Cramps _____ Medication for cramps _____ Bleeding between periods _____

PREGNANCY HISTORY

#	YEAR	PLACE	TYPE	SEX	WEIGHT	GEST. AGE	COMPLICATIONS

SEXUAL AND CONTRACEPTIVE HISTORY

Are you sexually active at present? _____ Any pain/bleeding with intercourse? _____

Do you have any questions related to your sexual health you'd like to discuss? _____

Are you using birth control now? _____ Type? _____

Are you satisfied with your contraceptive method? _____

Do you plan children in the future? _____ Are you planning a pregnancy within the next year? _____

Do you have any questions you would like addressed today? _____