



GRANDE DUNES OBGYN & FACIAL AESTHETICS

1021 CIPRIANA DR. SUITE 250
MYRTLE BEACH, SC 29572
TEL 843.839.2229 FAX 843.839.2230

GYNECOLOGY QUESTIONNAIRE

NAME: _____ DOB: _____ AGE: _____ DATE: _____

PHARMACY YOU WOULD LIKE PRESCRIPTIONS SENT TO:

PROBLEMS OR SYMPTOMS YOU WISH TO DISCUSS: _____

HEALTH MAINTENANCE

DATE OF LAST **MAMMOGRAM**: _____ IF ABNORMAL, PLEASE GIVE DETAILS:

DATE OF LAST **PAP SMEAR**: _____ IF ABNORMAL, PLEASE GIVE DETAILS:

DATE OF LAST **BONE DENSITY SCAN**: _____ IF ABNORMAL, PLEASE GIVE DETAILS:

DATE OF LAST **BLOOD WORK**: _____ IF ABNORMAL, PLEASE GIVE DETAILS:

DATE OF **COLONOSCOPY**: _____ IF ABNORMAL, PLEASE GIVE DETAILS:

GYNECOLOGIC HISTORY

DATE OF LAST PERIOD: _____ CURRENT BIRTH CONTROL METHOD: _____

HOW MANY DAYS DOES YOUR PERIOD LAST? _____ HOW MANY DAYS BETWEEN PERIODS? _____

SEXUALLY ACTIVE? Y N

DESIRE SEXUALLY TRANSMITTED INFECTION SCREENING? Y N

HISTORY OF PREVIOUS STI? Y N IF **YES**, PLEASE LIST: _____

HAVE YOU RECEIVED TREATMENT FOR THIS? _____

DO YOU EXPERIENCE ANY HOT FLASHES, OR OTHER MENOPAUSAL SYMPTOMS? Y N

IF YES, WOULD YOU LIKE TO DISCUSS TREATMENT FOR THEM? Y N

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OBSTETRIC HISTORY

NUMBER OF VAGINAL DELIVERIES: _____ NUMBER OF ABORTIONS: _____

NUMBER OF CESAREAN SECTIONS: _____ NUMBER OF ECTOPICS: _____

NUMBER OF MISCARRIAGES: _____ NUMBER OF LIVING CHILDREN: _____

ADDITIONAL DETAILS: _____

MEDICAL HISTORY

PLEASE LIST ALL **MEDICAL CONDITIONS**:

PLEASE LIST ALL **SURGERIES/HOSPITALIZATIONS**:

PLEASE LIST ALL **PRESCRIPTION MEDICATIONS**:

PLEASE LIST ANY **DRUG ALLERGIES**: _____ **LATEX ALLERGIC?** Y N

SOCIAL HISTORY

TOBACCO USE? Y N IF YES, HOW MUCH? _____

HOW OFTEN DO YOU DRINK **ALCOHOL**? _____ DO YOU USE **ILLICIT DRUGS**? _____

DO YOU EXERCISE/HOW OFTEN? _____

WEIGHT GAIN/LOSS? _____

CHANGES IN BOWEL OR URINARY HABITS? _____

FAMILY HISTORY (PLEASE GIVE DETAILS)

FAMILY HISTORY OF BREAST CANCER? _____

FAMILY HISTORY OF OVARIAN CANCER? _____

FAMILY HISTORY OF UTERINE CANCER? _____

FAMILY HISTORY OF CERVICAL CANCER _____

FAMILY HISTORY OF GASTROINTESTINAL CANCERS? _____