



OB/GYN Health History Intake Part 1

Today's Date: _____

What is the reason for your visit today? Please provide reason(s) and brief description below:

Problem	Description (Date problem started)

In the past or currently have you been diagnosed with a chronic medical condition(s)? Yes or No If yes, please list them below:

Please list all medications you are currently using below: Include any over the counter or herbal medications:

Medications Name	Dosage	How often do you take it?

Please list all food and medication allergies:

Food or Medications	Reaction- brief description

Please list any health care provider you are seeing and any pharmacies you use:

Name	Specialty/ Pharmacy	Address	Phone	Fax



OB/GYN Health History Intake Part 2

Today's Date _____

Have you had any surgeries? No If Yes, please list dates and provide details:

Date	Diagnosis, Type of surgery performed and Details

Please list all vaccinations/immunizations you have had below:

Immunizations	Date of Immunization (Most Recent)
Tetanus/Diphtheria	
Pneumococcal	
Hepatitis B	
Hepatitis A	
MMR	
Varicella	
Meningococcal	
Influenza	
HPV (Gardasil)	
Others	

Please list any illness or diseases of your immediate family member below:

Relationship	Illness/Diseases	Age of Onset	Date of Death	Comments



OB/GYN Health History Intake Part 3

Today's Date _____

Please complete your past medical history:

Illness or Symptoms	Self (Check)	Age of Onset	Comments List Provider's name if under medical care
Alcoholism			
Allergies or Hay Fever/ Sinusitis			
Anemia (including Sickle Cell Anemia)			
Arthritis or Gout			
Asthma			
Bleeding or Clotting Disorder			
Blood Transfusion			
Cancer - Type			
COPD			
Diabetes			
Glaucoma			
Headache including Migraine			
Heart Attack or Coronary Artery Disease			
Heart Murmur			
Heartburn or Reflux (GERD)			
Hepatitis or Jaundice			
High Blood Pressure			
HIV/AIDS			
Intestinal Bleeding			
Malaria			
Mental Illness/ Depression			
Obstructive Sleep Apnea			
Peptic Ulcer			
Seizures			
Skin Problems			
Stroke			
Thyroid Disease			
Tuberculosis			
Other Illness			
None of the above			

