

# WOMEN'S HEALTH SPECIALIST'S OF FREDERICK

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Preferred lab: **QUEST LABCORP**

Preferred Radiology Facility: \_\_\_\_\_

Pharmacy Name/Location: \_\_\_\_\_

Gynecologic pain/issues that you need to discuss for today's visit: \_\_\_\_\_

**Allergies:** YES NO ; IF YES, what are you allergic to: \_\_\_\_\_

**Medications:**

Drug Name	Strength	Frequency Taken

**Gynecological History:**

Date of Last Period: \_\_\_\_\_

**CURRENT MEDICAL ISSUES: (Please check all that apply)**

**Allergic:**

- Frequent Sneezing
- Hives
- Itching

**Cardiovascular:**

- Arm Pain on Exertion
- Chest Pain on Exertion
- Chest Heaviness
- Irregular Heart Beats
- Known Heart Murmur
- Light-headed on Standing
- Shortness of Breath when lying down
- Swelling (edema)

**Constitutional:**

- Exercise Intolerance
- Fatigue
- Fever

**Eyes:**

- Dry Eyes
- Irritation
- Vision Change

**ENT:**

- Difficulty hearing
- Dizziness
- Dry mouth
- Ear Pain
- Frequent Infections
- Nose/Sinus Issues

**Endocrine:**

- Fatigue
- Increased thirst/hunger/urination

**Gastrointestinal:**

- Abdominal Pain
- Blood in Stool
- Change in Appetite
- Frequent indigestion
- Hemorrhoids
- Vomiting

**Genitourinary**

- Blood in Urine
- Difficult urinating
- Increased urinary frequency
- Urinary loss of control

**Hematologic/Lymphatic:**

- Easy bruising/ bleeding
- Swollen glands

**Integumentary (Skin):**

- Changes in Moles
- Dry Skin
- Eczema
- Growth/Lesions
- Rash

**Musculoskeletal:**

- Muscle Weakness
- Joint Pain
- Back Pain

**Neurological:**

- Dizziness
- Fainting
- Headaches/Migraines
- Memory loss
- Seizures
- Weakness

**Psychiatric:**

- Alcohol Overuse
- Anxiety/Stress
- Depression
- Mania
- Sleep Problems

**Respiratory:**

- Cough
- Coughing up blood
- Shortness of Breath
- Sleep Apnea
- Snoring
- Wheezing

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

