Capital Women's Care
OB/GYN

Stephen A. Lakner, MD
Jonathan S. Elias, MD
Dorothy C. Lee, MD
David H. Grossman, MD
Diane A. Laurin, MD
Thu N. Tran, MD
Rene Johnson, CRNP
Catherine Scaletta, CRNP

HEALTH UPDATE

Name: Date of Birth: Age

Reason For Visit Today:
Beginning of last menstrual period(LMP) / / Are your Cycles: Regular or Irregular
Your cycles Last ☐ Number of Days Every ☐ Days Cramping with period? ☐ Yes or ☐ No
Are your Cycles Heavy: ☐ Yes or ☐ No Bleeding between periods ☐ Yes or ☐ No
Do you experience PMS? ☐ Yes or ☐ No
Birth control Method you or your partner currently use (please check all that applies) None ☐ Condoms ☐ Pills ☐ Nuvaring ☐ IUD ☐ Tubal ligation ☐ Vasectomy ☐ Other ☐
Do you or have you ever smoked ? ☐ Yes or ☐ No Quit Date:

Discharge from Nipple(s)	☐ Yes	☐ No	Vaginal Discharge, itching or irritation	☐ Yes	☐ No
Breast Lump	☐ Yes	☐ No	Abnormal bleeding	☐ Yes	☐ No
Breast Pain	☐ Yes	☐ No	Pain, pressure or burning with urination	☐ Yes	☐ No
Do you perform self breast exams	☐ Yes	☐ No	Hot flashes or night sweats	☐ Yes	☐ No
Pelvic pain	☐ Yes	☐ No	Vaginal dryness	☐ Yes	☐ No

New Medical Conditions since last visit (ex. Diabetes, high blood pressure, etc)

Please list any Recent Surgeries/Procedures since last visit:

Date		Date	

Do you take the following vitamin supplements (please check all that apply) Vitamin D ☐ Calcium ☐ Multivitamin ☐

Medications (please list medications you are currently taking including vitamins) None ☐

Medication Name/ Strength	How often	Medication Name/ Strength	How often

Newly diagnosed allergies to medications Do you have a LATEX allergy? Yes ☐ or No ☐

See Other Side

Name: ______________________________ Age __________ Date ______________

Please list any other health information you would like to discuss with your provider today? ______________________________

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Would you like to be screened for sexually transmitted diseases (STD's) Yes or No

Chlamydia and Gonorrhea are two of the most common transmitted bacterial STD's in the United States. These infections may present discharge, irregular bleeding,abdominal or pelvic pain, painful intercourse or they may be silent with no symptoms at all. If you request testing, a sample is taken from cervix similar to pap smear .Other STD's such as syphilis, hepatitis and HIV can be tested with blood samples. The cost of these tests depends on lab your insurance company requires us to use and may not be covered.

Patient Signature______________________________Date______________

Provider Signature______________________________Date______________