



Premier Gynecology INC.

JoAnn Krivetzky, MD, FACOG

CONTEMPORARY HEALTHCARE
FOR TODAY'S WOMAN

PATIENT HISTORY FORM

PATIENT NAME _____ **Account Number** _____
Date _____ **DOB** _____

PAST MEDICAL HISTORY

Please check if you have or have had any of the following conditions

- Headaches
 - Glaucoma
 - Hearing loss
 - Seizures/epilepsy
 - Thyroid problems
 - Diabetes
 - Breast pain
 - Breast lumps
 - Seasonal allergies
 - Asthma
 - Lung disease
 - Tuberculosis
 - Sleep Apnea
 - Heart trouble
 - High blood pressure
 - Mitral valve prolapse
 - Stroke
 - Gastric/stomach ulcer
 - Heartburn/Reflux
 - Kidney disease
 - Anemia
 - Cancer _____
 - Depression
 - Anxiety
 - Mental Health Disorder
- Other _____

PAST SURGICAL HISTORY

Please list all previous surgeries below:



Premier Gynecology INC.

JoAnn Krivetzky, MD, FACOG

CONTEMPORARY HEALTHCARE
FOR TODAY'S WOMAN

PATIENT NAME _____ **Account Number** _____
Date _____ **DOB** _____

GYNECOLOGIC HISTORY

Age of onset of menses? _____ Did you receive the HPV vaccine? Yes No
Number of pregnancies _____ Number of living children _____ Number of miscarriages _____
Number of ectopic/tubal pregnancies _____ Current method of birth control _____
Age of onset of menopause _____ Any history of hormone replacement use? Yes No
Last pap smear _____ Any history of an abnormal pap smear? Yes No
Last mammogram _____ Any history of an abnormal mammogram? Yes No
Any history of breast biopsies? Right side Yes No Left side Yes No
Last bone density _____ Any history of osteopenia or osteoporosis? Yes No
Last colonoscopy? _____ Any history of an abnormal colonoscopy? Yes No

FAMILY HISTORY (Please check the box if you have a family history of the items below and then list who had the problem on the adjacent line)

- Breast Cancer _____
- Ovarian Cancer _____
- Colon Cancer _____
- Other Cancers _____
- Heart Disease _____
- High Blood Pressure _____
- Stroke _____
- Diabetes _____
- Lung Disease _____
- Kidney Disease _____
- Osteoporosis/Osteopenia _____
- Mental Health Disorders _____
- Substance Abuse _____

SOCIAL HISTORY

Marital Status: Single Married Widowed Divorced Separated
Highest Level of Education _____ Occupation _____
Tobacco use _____ If yes, how much? _____
Alcohol use _____ If yes, how much? _____
Illicit drug use _____ If yes, how much? _____
History of Domestic Violence? Yes No History of Sexual Abuse/Rape? Yes No