Capital Women's Care Ballston-Arlington

Capital Women's Care Ballston Arlington
4001 N. Fairfax Drive
Suite 801
Arlington, VA 22203

Name _____ Date of Birth _____
Marital Status: ☐ Single ☐ Married ☐ Long term Relationship ☐ Divorced ☐ Widowed
Reason for this visit: _____
Referring Physician: _____
Occupation: _____
Sexually Orientation: _____
Pharmacy: _____

MENSTRUAL HISTORY(complete even if post-menopausal or no longer having periods)

Age at first period: _____
If your menstrual periods are regular; periods start every: _____ days
If your menstrual periods are irregular; periods start every: ____ to ____ days (e.g.,12 to 60)
Duration of bleeding: _____ days
Does bleeding or spotting occur between periods? ☐ Yes ☐No
Does bleeding or spotting occur after intercourse? ☐ Yes ☐ No
First day of last menstrual period _____
Is pain associated with periods? ☐ Yes ☐ No ☐ Occasionally
If yes, is it: ☐before menses? ☐ during menses? ☐ both?

PREGNANCY HISTORY (All pregnancies - OBSTETRICAL HISTORY INCLUDING ABORTIONS & ECTOPIC/TUBAL PREGNANCIES)
☐ Have never been pregnant

Year	Hospital or Facility	Duration of Pregnancy	Type of Delivery	Birth Weight	Sex	Complication

Current Contraception: ☐ None ☐ Tubal Ligation ☐ IUD: Brand _____ ☐ NuvaRing ☐ Patch ☐ Depo Provera ☐ Condoms ☐ Diaphragm ☐ Withdrawal ☐ Vasectomy
Oral Contraception Pills: Brand _____

Dr. Gwendolyn Cobbs Dr. Danielle Holmes Mary DiMasi, CNM Dr. Sali Jordan

www.capitalwomenscareobgyn67.com

571-970-6050 main 571-970-6352 fax

Capital Women's Care Ballston-Arlington

Capital Women's Care Ballston Arlington
4600 N. Fairfax Drive
Suite 801
Arlington, VA 22203

PAST MEDICAL HISTORY Check any that apply: or ☐ None

☐ Ovarian Cyst	☐ Bartholin Cyst	☐Fibroids
☐ Arthritis	☐ High blood pressure	☐Heart disease
☐Kidney Disease	☐Gallstones	☐Liver Disease
☐Asthma	☐Epilepsy	☐Blood Transfusions
☐Ulcer	☐Heart Disease	☐Anemia
☐Seizures	☐Kidney Stone	☐Blood Clots in Legs
☐Depression	☐Autoimmune Disorder	☐Blood Clots in Lungs
☐High Cholesterol	☐Eating Disorder	
☐Diabetes	☐ Cancer _____	

- ❑ Diet controlled
- ❑ Pill controlled
- ❑ Insulin controlled

CURRENT MEDICATIONS (Include dose (amount) per day)

Medication	Dose	Frequency

DRUG ALLERGIES

☐No ☐ Yes List:

_____

_____

_____

DO YOU CURRENTLY?:

Smoke ☐ No ☐ Yes _____ packs/day

Use alcohol ☐ No ☐ Yes __ wine (glasses/day); __ beer (bottles/day); __ hard liquid (oz./day)

Use illicit drugs ☐ No ☐ Yes _____ type _____ amount

Exercise: Type: _____ How often _____

Dr. Gwendolyn Cobbs Dr. Danielle Holmes Mary DiMasi, CNM Dr. Sali Jordan

www.capitalwomenscareobgyn67.com

571-970-6050 main 571-970-6352 fax

Capital Women's Care Ballston-Arlington

Capital Women's Care Ballston Arlington
4040 N. Fairfax Drive
Suite 801
Arlington, VA 22203

FAMILY HISTORY (Please specify Maternal (M) or Paternal (P) side of the Family, Relative and Age.

☐Diabetes ☐Thyroid Disease ☐Osteoporosis ☐Stroke
☐Ovarian Cancer ☐High Blood Pressure
☐Endometrial Cancer ☐Colon Cancer ☐Breast Cancer

If "yes" to any, please list affected relatives. (Please specify Maternal (M) or Paternal (P) side of the Family, Who, Age.

_____
_____
_____

☐ None of the above

Capital Women's Care Ballston-Arlington

Capital Women's Care Ballston Arlington
4040 N. Fairfax Drive
Suite 801
Arlington, VA 22203

PAST OBSTETRICAL/GYNECOLOGICAL SURGERIES

Check any that apply: or ☐ None

SURGERY: Year

☐ D&C _____ ☐ Hysterectomy_____ ☐ Ovarian Cyst Removal

☐ Hysteroscopy ____ ☐ Infertility surgery_____ ☐ Myomectomy _____

☐ Tuboplasty_____ ☐ Tubal ligation _____

☐ other (specify) _____

PAST SURGICAL HISTORY (Not OB/GYN)

21. List all surgeries and their year or ☐ None

Surgery	Year

PAP SMEAR/MAMMOGRAM HISTORY

Date of last pap smear: _____ YEAR

Have you had abnormal pap smears? ☐ No ☐ Yes

Have you had treatment for abnormal smears? ☐ No ☐ Yes

If yes, what type(s) of treatment have you had?

☐ Cryotherapy ☐ Cone biopsy ☐ loop excision (LEEP)

Date of last mammogram: _____

Have you had an abnormal mammogram? ☐ No ☐ Yes

SEXUAL TRANSMITTED DISEASE HISTORY

Check any that apply: ☐ None ☐ Venereal warts ☐ Herpes – genital ☐ Syphilis

☐ Pelvic inflammatory disease ☐ Chlamydia ☐ Gonorrhea ☐ HPV ☐ HIV ☐ Hepatic

☐ Trichomoniasis