Naturopathic Wisdom

Name _____ **Date:** __/__/__

Women's Health History

What was your age at the start of menstruation? _____

When was your last period? _____ How long did it last? _____

How many days between periods? _____ Is your cycle irregular? _____

Do you use pads or tampons? _____ How many on heaviest day? _____

Do you get menstrual cramps or other problems?

_____

_____

Premenstrual warning symptoms before your period: (Grade intensity, 1 = mild 2 =moderate 3 =severe)

_____Breast Tenderness _____Bloating _____Headache _____Cramping _____Low Back Pain

_____Constipation _____Skin _____Mood Changes _____Diarrhea _____Appetite Changes

_____Other _____

Do the above premenstrual symptoms get better with your period flow? _____

Do you have any vaginal discharge or irritation? _____

Do you have recurring vaginal or bladder infections?_____

Have you ever had gynecological or breast surgery?_____

Do you have a problem or past history of herpes, venereal warts, or venereal disease? _____

When was your last pap? _____ Do you have hot flashes? _____

Breast Problems: ☐ Discharge ☐ Tenderness ☐ Swelling

Did you breast-feed your babies? _____How long? _____

Current Method of Birth Control:

☐ Not applicable ☐ Partner has had vasectomy or is otherwise sterile

☐ None ☐ Tubal Ligation ☐ Hysterectomy ☐ Other _____

☐ IUD ☐ Diaphragm ☐ Condoms ☐ Foam

☐ Pill (Name: _____# of years taken _____)

Previous Method of Birth Control:

☐ Not applicable ☐ Partner has had vasectomy or is otherwise sterile

☐ None ☐ Tubal Ligation ☐ Hysterectomy ☐ Other _____

☐ IUD ☐ Diaphragm ☐ Condoms ☐ Foam

☐ Pill (Name: _____# of years taken _____)

Any questions or problems concerning sex? ☐ No ☐ Yes Any pain or discomfort with sexual intercourse? ☐ No ☐ Yes

Times pregnant _____ Living Children _____ Miscarriages _____ Abortions _____ Premature Births _____

Please complete information below concerning your pregnancies

No.	Born Month/Year	Weight at Birth	Sex	Length of Pregnancy	Delivery Type	Complications - Describe if any
1	_____	_____	___	_____	_____	_____
2	_____	_____	___	_____	_____	_____
3	_____	_____	___	_____	_____	_____
4	_____	_____	___	_____	_____	_____
5	_____	_____	___	_____	_____	_____