WINCHESTER OB-GYN ASSOCIATES, P.C.

1021 Main Street - Suite 102 | Winchester, MA 01890
ph: (781) 721-4701 | fax: (781) 729-5262
www.WINCHESTER-OBGYN.com

UPDATED
PERSONAL AND FAMILY HISTORY FORM

Name: ______________________________ Today's Date: ______________

Are you: ❍ Married ❍ Divorced ❍ Separated ❍ Single Date of Birth: ______________

PCP: ______________________ Last seen by PCP: ______________________

What is the reason for your visit today? ______________________

____

____

When was your last period? ______________

Since you last saw us, have you had any of the following?

Hospitalizations: ______________________

New medical problems: ______________________

Surgeries/biopsies/procedures: ______________________

New medications: ______________________

New allergies: ______________________

Updates to family history: ______________________

Other: ______________________

____

____

Have you experienced any of the following symptoms in the past six months?

- ❍ Weight/appetite changes
- ❍ Chest pain
- ❍ Palpitations
- ❍ Blood in urine or stool
- ❍ Urinary frequency
- ❍ Pain with urination
- ❍ Difficulty breathing
- ❍ Bowel or urinary incontinence
- ❍ Pelvic pain
- ❍ Bleeding/pain with intercourse
- ❍ Skin changes/rashes
- ❍ Breast pain/mass
- ❍ Depression/anxiety
- ❍ Weakness/numbness
- ❍ Headaches
- ❍ Fatigue
- ❍ Night sweats
- ❍ Hot flashes
- ❍ Hair loss

______________________________ Signature of Patient

______________________________ Date reviewed by provider with patient

______________________________ Signature of Provider