



Total Health Care Associates, PLLC  
 105 Ledford Mill Rd, Suite B  
 Tullahoma, TN 37388

**GYN History**

When was the first day of your last menstrual period? \_\_\_\_\_ How long did it last? \_\_\_\_\_

How many days apart are your menstrual cycles starting from the first day of one cycle to the first day of your next cycle? \_\_\_\_\_ What age did you start menses? \_\_\_\_\_

Do you have heavy periods?  YES  NO

When was your last PAP Smear? \_\_\_\_\_ Have you ever had an abnormal PAP Smear?  YES  NO

If so, when? \_\_\_\_\_ What was the abnormality? \_\_\_\_\_

When was your last mammogram? \_\_\_\_\_  Normal  Abnormal

Have you ever had any of the following:

Colposcopy – Date: \_\_\_/\_\_\_/\_\_\_  Cryosurgery – Date: \_\_\_/\_\_\_/\_\_\_  LEEP – Date: \_\_\_/\_\_\_/\_\_\_

**STD History**

Have you ever been treated for any of the following conditions?

Chlamydia  Gonorrhea  Genital Warts  Herpes  Trichomonas  Syphilis  PID

Have you ever tested positive for HIV?  YES  NO

Did your mother take the drug DES when she was pregnant with you?  YES  NO

**Sexual History**

Are you currently sexually active?  YES  NO  Never

Did you begin sexual activity before 16 years old?  YES  NO If yes, what age started? \_\_\_\_\_

Have you had > 5 sexual partners in your lifetime?  YES  NO If yes, how many? \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

**Contraception History**

Are you currently using birth control?  YES  NO Trying to get pregnant?  YES  NO

Current birth control: \_\_\_\_\_ Are you satisfied with it?  YES  NO

Past Birth Control Methods:

Condoms  Birth Control Pills  Withdrawal  Tubal Ligation  Depo Provera

Diaphragm  Patch  Rhythm  Vasectomy

Mirena®  Vaginal Ring  Paragard®

**Pregnancy History**

Total Times Pregnant		Abortions (sponteous or elective)	
Miscarriages		Living Children	