

Gynecological/Obstetrical History

Age of onset of periods _____ Length of periods _____ Frequency of periods _____

Pregnancies _____ Births _____ Miscarriages _____ Abortions _____

Have you had an abnormal PAP? YES NO Date of last PAP _____

Findings: _____

Have you had an abnormal Mammogram? YES NO Date of last Mammogram? _____

Findings: _____

Do you perform self-breast exams? YES NO How often? _____

Immunization History

Have you received any of the following immunizations?

Hepatitis A	Yes	No	Don't know	Date _____
Hepatitis B	Yes	No	Don't know	Date _____
Influenza	Yes	No	Don't know	Date _____
Measles/Mumps/Rubella	Yes	No	Don't know	Date _____
Pneumovax	Yes	No	Don't know	Date _____
Prevnar	Yes	No	Don't know	Date _____
Polio	Yes	No	Don't know	Date _____
Gardasil	Yes	No	Don't know	Date _____
Tetanus/Diphtheria	Yes	No	Don't know	Date _____