

# Capital Internal Medicine Associates, P.C.

\*A New Beginning OB/GYN \*CIMA Breast Center  
\*CIMA Main Office \* Haslett Primary Care \*Mount Hope Clinic  
\*Williamston Primary Care

## Obstetrics and Gynecology History

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Marital Status: Single Partner Married Divorced Widowed

Occupation \_\_\_\_\_

Last Pap Smear \_\_\_\_\_

History of Abnormal Pap Smear? \_\_\_\_\_ If yes, what was the result \_\_\_\_\_

Last Mammogram \_\_\_\_\_ Do you perform monthly Breast exams? Yes No

Last Bone Density \_\_\_\_\_

Last Colonoscopy \_\_\_\_\_

Last Cholesterol Test \_\_\_\_\_

Do you still have periods? Yes No If no, age menopause began \_\_\_\_\_

First day of last menstrual period \_\_\_\_\_ Age of first period? \_\_\_\_\_

Periods come every \_\_\_\_\_ days Periods last how many days? \_\_\_\_\_

Periods are Light Moderate Heavy Painful Irregular

Do you bleed between periods? Yes No

Are you sexually active? Yes No Do you bleed after sex? Yes No

Sex with? Men: Yes No Women: Yes No Both: Yes No

Sexual intercourse prior to age 16: Yes No

Number of lifetime partners, 5 or more? Yes No

If you are reproductive age, are you currently on Birth Control? Yes No

If Yes, what type? \_\_\_\_\_ If IUD or Nexplanon, what is insertion date? \_\_\_\_\_

If No: How do you prevent pregnancy? Tubal Ligation Essure Partner Vasectomy Other: \_\_\_\_\_

History of chronic yeast or bacterial infections? If Yes, which \_\_\_\_\_

History of STD? Chlamydia Gonorrhea Trichomoniasis Herpes Genital Warts HIV Syphilis

History of PID? Yes No

Over age 50-Exposure to Diethylstilbestrol (DES)? Yes No

Human Papillomavirus (HPV) vaccines? Yes No

Have you ever been pregnant? Yes No

Number of pregnancies \_\_\_\_\_ Number of Live Births \_\_\_\_\_ Number of Living Children \_\_\_\_\_

Number of Miscarriages \_\_\_\_\_ Number of Elective Terminations \_\_\_\_\_

Number of C-Section Deliveries \_\_\_\_\_ Number of Vaginal Births \_\_\_\_\_

Number of Premature Births <37 weeks \_\_\_\_\_

### SYMPTOM REVIEW: (Please circle all that apply)

The Group Health Plan within the Capital Internal Medicine Associates,  
PC Employee Benefits Plan complies with applicable Federal civil rights laws  
and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

|         |           |  |
|---------|-----------|--|
| Spanish | ATENCIÓN: | si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-517-374-7600. |
| Arabic  | ملحوظة:   | إذا كنت تتحدث انكليزية، فين خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-517-374-7600                   |

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General: Night Sweats

Gastrointestinal: Blood in Stool

Genitourinary: Blood in Urine Frequent Urination Painful Urination Urgency to Urinate  
Urinary Incontinence

Gynecological: Heavy Bleeding Irregular Bleeding Frequent Missed Periods Painful Intercourse  
Painful Periods Bleeding Between Periods Vaginal Discharge Vaginal Itching

Breast: Breast Lump Breast Pain Nipple Discharge

Endocrine: Cold Intolerance Hair Loss Hot Flashes

Psychological: Anxiety Depression Mental or Physical Abuse

## Hereditary Cancer Screening

Has a family member tested positive for a BRCA or Lynch Mutation? Yes No

Have you or any of your relatives been tested for a hereditary cancer syndrome? Yes No

Any parents, children, siblings, aunts/uncles, nieces/nephews or grandparents ever been diagnosed with:

Ovarian OR Pancreatic cancer AT ANY AGE? Yes No

Breast Cancer BEFORE AGE 50? Yes No

3 or more breast cancers on the **same side of the family** AT ANY AGE Yes No

Ashkenazi Jewish ancestry **and** 1 breast cancer AT ANY AGE Yes No

Triple Negative Breast cancer BEFORE AGE 60? Yes No

MALE Breast Cancer AT ANY AGE? Yes No

Any parents, children or full siblings diagnosed with:

Colon or Uterine (Endometrial) cancer BEFORE AGE 50? Yes No

MALE ONLY-Metastatic Prostate Cancer AT ANY AGE? Yes No

Lynch Syndrome Cancers: Colorectal, Uterine, Ovarian, Stomach, Small Bowel, Brain, Kidney/Urinary Tract, Ureter or Renal Pelvis?

3 or more colon, uterine or Lynch cancers AT ANY AGE, **Same side of the family?** Yes No

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