Electronic Health Record Questionnaire

Please fill out to the best of your knowledge to help speed up our office implementing EHR.

If it does not apply please note NA (not applicable) on each line.

Name_____Phone #_____
Address_____
City & zip code _____
Occupation_____
Birth Date_____ Age_____

# of pregnancies_____ # term deliveries_____ # preterm deliveries_____
# of abortions_____ # spontaneous ab_____ #elective ab____
Last Menstrual Period_____
Contraception Method_____
Chief complaint for this visit_____
_____

Patients Past Medical History:

_____ Hypertension _____
_____ Heart Disease (onset date) ____(month) _____ (year)
_____ TB_____
_____ Bleeding and/or clotting disorder_____
_____ Malignancy _____
_____ Diabetes _____
_____ Emotional issues/Depression _____
_____ Elevated Cholesterol _____
_____ Other_____

Surgeries: (include year performed)

_____ Appendectomy _____
_____ Gallbladder _____
_____ Hysterectomy _____
____ Vaginal ____ Abdominal ____ Laparoscopic
_____ Vaginal Repairs _____
_____ Salpingo-oophorectomy (ovary removals)
_____Right ____ Left _____ Bilateral
_____ C-Section _____
_____ Bilateral Tubaligation _____
_____ Other:_____

Current Medications:

Name: Strength
Frequency

_____
_____
_____
_____

Please list additional medications on the back.

Gynecological History:
_____ Abnormal pap smear _____ Cervical dysplasia _____Pelvic Pain _____ Cysts
_____ Endometriosis_____ Infertility: Other _____

Allergies:
_____
_____

Social History:
Alcohol: _____ Drinks per day _____ or per week_____
_____ Smoker _____ packs per day
_____ Illegal Drugs _____
_____ IV use?
_____ Dietary issues _____
_____ Exercise (times per week) _____

Family History:
____Breast cancer ____Ovarian cancer ____Colon cancer ____Diabetes
____Osteoporosis ___Melanoma ____Hypertension ____Heart disease ____Birth defects

Review of Systems:
(Any other medical problems)
_____
_____

Screening History:
(Procedures and Dates)
_____ Pap smear _____
_____ Mammogram _____
_____ Bone Density _____
_____ Colonoscopy _____
_____ CBC _____
_____ Lipid Profile _____
_____