

**ESTABLISHED / ANNUAL INFORMATION FORM**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AGE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Race:** African American/Black \_\_\_\_\_, American Indian/Alaskan Native \_\_\_\_\_, Asian \_\_\_\_\_, Caucasian/White \_\_\_\_\_, Pacific Islander/Native Hawaiian \_\_\_\_\_, Other \_\_\_\_\_, Declined \_\_\_\_\_

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**Sexual Orientation:** Straight or Heterosexual \_\_\_\_\_ Bisexual \_\_\_\_\_ Lesbian, Gay, or Homosexual, \_\_\_\_\_ Other \_\_\_\_\_

**Gender Identity:** Female \_\_\_\_\_ Male \_\_\_\_\_ Genderqueer, neither male or female exclusively \_\_\_\_\_  
Transgender female/Trans women/Male to female \_\_\_\_\_ Transgender male/Trans man/Female to male \_\_\_\_\_

**Local Pharmacy Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mail Order Pharmacy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**REASON FOR TODAY’S VISIT:** \_\_\_\_\_

**MEDICAL HISTORY:** (List new illnesses *SINCE YOUR LAST VISIT*) \_\_\_\_\_

**SURGICAL / ACCIDENTS / HOSPITALIZATIONS:** (List operations, serious accidents, and hospitalizations *SINCE YOUR LAST VISIT*) \_\_\_\_\_

**OBSTETRICAL HISTORY:** (List all pregnancies *SINCE YOUR LAST VISIT*) \_\_\_\_\_

**ALLERGIES:**

**Drug:** \_\_\_\_\_

**Food:** \_\_\_\_\_

**Latex Allergy:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date of last flu shot:** \_\_\_\_\_

**If age 65 years, date of Pneumonia Vaccine:** \_\_\_\_\_

**SOCIAL HISTORY:**

Are you currently a victim of domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Physical \_\_\_\_\_ Sexual \_\_\_\_\_  
Do you exercise regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Use of alcohol: \_\_\_\_\_ Yes \_\_\_\_\_ No is this a change in use? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Two or more times in the past 12 months had four or more alcoholic beverages in one day? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Use of tobacco: \_\_\_\_\_ Yes \_\_\_\_\_ No is this a change in use? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Use of recreational drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ previously quit \_\_\_\_\_ Currently/what? \_\_\_\_\_

**FAMILY HISTORY:**

List any 1<sup>st</sup> DEGREE relatives (mother/father/grandparents/siblings/children) diagnosed with or deceased from any illnesses *SINCE YOUR LAST VISIT:*

**Primary Care Physician:** \_\_\_\_\_

**Other Care Providers:** (please specify specialty) \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

\_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Life partner \_\_\_ Lesbian \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow

**GYNECOLOGIC HISTORY:**

First day of last menstrual period \_\_\_\_/\_\_\_\_/\_\_\_\_

Have your periods changed? YES/NO

How? \_\_\_\_\_

# days between periods? \_\_\_\_\_

# periods normally last? \_\_\_\_\_

Cramps with periods? YES/NO

Spotting between periods? YES/NO

Flow of cycle: LIGHT/MEDIUM/HEAVY Clots: YES/NO

Are you currently sexually active: YES/NO

Number of new sexual partners since last visit \_\_\_\_\_

Gender of sexual partners: M \_\_\_ and/or F \_\_\_

Number of HPV injections: \_\_\_ none \_\_\_ 1 \_\_\_ 2 \_\_\_ 3

What are you doing to prevent pregnancy?

Birth control pill \_\_\_\_, Condoms \_\_\_\_, IUD \_\_\_\_,

Diaphragm \_\_\_\_, Vasectomy \_\_\_\_, tubal ligation \_\_\_\_,  
other (please explain) \_\_\_\_\_

**SCREENINGS/TESTS:**

Last Pap smear \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Colonoscopy \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Bone Density \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Mammogram \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Family History of Breast Cancer: Yes or No Whom \_\_\_\_\_

MEDICATIONS: (List all CURRENT medications, vitamins, and herbal supplements you are taking) \_\_\_\_\_

Office use only*		IFOB: _____
Vital Signs: HT _____ WT _____ BP _____ / _____		HPV: _____
G _____ P _____		STD: _____
LMP _____	BMI: _____	LDM: _____
S/A _____	Cramps w menses _____	ERX: _____
	SMOKER: Current / Previous / Never	M/O: _____
U/A Reference: Neg Neg Neg 10001-1.035 Neg 4.6-8.0 Neg Normally present up to 1.0 mg/dl Neg Neg		