**Reason for visit:**

- Is this your first gynecological examination?  ❑ Yes  ❑ No

### GYNECOLOGICAL

- Age at onset of 1st period
- 1st day of last normal period
- Avg # of days of menstrual flow
- Avg # tampons/pads used daily
- Avg # days between onset of each period
- Any bleeding between periods?
- If yes, how do you treat them?
- If yes, # of partners

#### If yes, partners are or have been:

- Male
- Female
- Both

If yes, age at first encounter:

- If yes, partners are or have been:

- Do you have questions or wish to discuss sexual orientation, sexual expression, masturbation, rape, incest, sexual abuse, other issues of sexuality?  ❑ Yes  ❑ No

### CONTRACEPTIVE HISTORY

- Present method of contraception:

<table>
<thead>
<tr>
<th>Past Methods</th>
<th>Date</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Do you use condoms to prevent sexually transmitted diseases?  ❑ Yes  ❑ No

### HAVE YOU EVER HAD?

- High blood pressure
- Epilepsy
- Migraine headaches
- Varicose veins
- Hepatitis or other liver disease
- Diabetes
- Blood clots
- Heart murmur
- Breast lumps
- Thyroid disorders
- Asthma
- Painful or frequent urination
- Bladder or kidney infections
- Depression or mood swings
- Weight gain or loss of 10 lbs. or more within the past year

### DO YOU USE ANY OF THE FOLLOWING?

- Cigarettes
- Alcohol
- Recreational Drugs
- IV Drugs

### HOSPITALIZATION – SURGERY

<table>
<thead>
<tr>
<th>Date</th>
<th>Diagnosis/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- Have you received blood or blood products between 1977-85?  ❑ Yes  ❑ No

### YOUR FAMILY HISTORY

- Has any close relative had?

| Heart attack before age 50 |
| Breast cancer |
| Uterine, cervical or ovarian cancer |
| Stroke |
| Diabetes |
| Migraine headaches |
| High blood pressure |
| Thyroid disorder |
| Clotting disorder |

### SELF CARE

- Do you take daily medication or vitamins?  ❑ Yes, Specify:  ❑ No
- Do you have questions or concerns specific to lesbian health?  ❑ Yes  ❑ No
- Do you have questions or concerns specific to domestic violence?  ❑ Yes  ❑ No

Any other questions? _________________________________

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**UCI STUDENT HEALTH CENTER**

**HEALTH HISTORY FOR WOMEN**

Please read the statement on page 2 of this form and consult your health care provider if you have questions about this form or other concerns about your health.
In order to establish a reproductive health care history in your medical record, we are asking you to complete this Health History for Women form. As with all your medical records, this form will be retained in strict confidence by us. No access to this document by outside parties will be granted without your specific written consent.

For many issues related to women’s health care, we have prepared information pamphlets and designed programs to aid you in learning about your body and yourself. Please feel free to ask us about any of these subjects.

Below are some commonly asked questions about this form:

I’m uncomfortable with some of the questions. Do I have to answer all of them?

No. If you are uncomfortable with a question and feel reluctant to answer it, you may leave it blank and discuss it with your practitioner.

Why do you need to know how many tampons I use each day?

This question is designed to help the practitioner assess the amount of menstrual flow. Excessive blood flow could indicated a problem such as anemia.

Why is it necessary to know the age at which I first had sex?

Age at first intercourse can indicate that a woman is at greater risk for infections and sexually transmitted diseases (and other gynecological problems). Additionally, some young women may have experienced unwanted sexual advances earlier in their lives and they may wish to discuss them at this time.

I’m uncomfortable with the question about masturbation, incest, rape, and other issues. What is this all about?

Our intention in asking this question is to provide an opportunity to discuss any one of these sensitive issues with a medical professional. These issues can directly affect your present and future sexual expression and relationships.