Vanderbilt Center for Women's Health

Return GYN Patient Information

Personal Information

Your Name: _____

Best Phone # to reach you: _____

Emergency Contact Person_____

Phone #_____

Are you here for your well woman exam? ☐ yes ☐ no

If the answer is no, please list your reason for this visit or any questions/problems you want to discuss with you healthcare provider._____

_____

_____

When was the first day of your last menstrual period?

_____

Since your last visit tell us what has changed:

Medication List: ☐yes ☐no

List new or discontinued medications (including prescription and over the counter)**:**_____

_____

_____

Operations / Surgical Procedures ☐yes ☐no

List recent operations/ surgical procedures: _____

_____

_____

Have you been since your last visit? ☐yes ☐no

If yes, please list details below:

Month/Year of birth/miscarriage:_____

Sex of Baby: _____

Weight: _____

Type of Delivery: _____

Have you found any breast lumps, discharge, or skin changes? ☐yes ☐no

Have you had a mammogram? ☐yes ☐no

If yes, where / when? _____

Have you been hospitalized or diagnosed with a medical condition since your last visit? ☐yes ☐no

If yes, please explain: _____

_____

_____

Has anyone in your immediate family developed a serious illness since your last visit? ☐yes ☐no

If yes, please explain: _____

_____

_____

Review of Systems

Fever / Chills	Yes	No
Headache / Sinusitis	Yes	No
Chest pain or pressure	Yes	No
Cough or shortness of breath	Yes	No
Depression / Anxiety	Yes	No
Nausea / Vomiting	Yes	No
Pain or frequency with urination	Yes	No
Recurrent diarrhea or constipation	Yes	No
Vaginal rash or itching	Yes	No
Weight gain or loss	Yes	No
Visual changes	Yes	No
Hot or cold intolerance	Yes	No
Unusual hair growth or loss	Yes	No
Irregular or rapid heart beat	Yes	No
Stomach pain or discomfort	Yes	No
Blood in stool	Yes	No
Black or tarry stool	Yes	No

I have reviewed this history form with the patient.

_____

Provider Signature Date

Vanderbilt One Hundred Oaks
Ph# 615-343-5700 Fax# 615-343-6724
719 Thompson Lane Suite 27100 Nashville TN 37204

Vanderbilt Cool Springs
Ph# 615-771-7580 Fax# 615-771-7025
2009 Mallory Lane Suite 230 Franklin T

Revised 2/5/2010