Gynecological History CONFIDENTIAL

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Date of 1st Period: _____ Pregnancies: _____ Children:_____Miscarriages/abortions:_____

Endometriosis: _____ Infertility: _____ Breast lumps: _____ Fibroids/ovarian cysts: _____

Oral contraceptive use: _____ Type: _____ Length of use: _____

Time Between Cycles: _____ Duration of menses: _____ Last menses: ___ / ____/ _____

□ Regular	□ Dysmenorrhea	□ Light flow	□ Pale colour
□ Irregular	□ PMS	□ Clots	□ Forgetfulness
□ Amenorrhea	□ Heavy Flow	□ Dark colour	□ Other:

□ Recent changes in menstrual flow / cycle: _____
_____
_____

Menopause: _____ Surgical menopause: □ Y □ N ___/ ___/ _____ HRT:_____

□ Irregular menses	□ Insomnia	□ Irritability	□ Dry skin/vagina
□ Hot flushes	□ Emotional liability	□ Dizziness	□ Decreased libido
□ Sweating	□ Anxiety/nervousness	□ Palpitations	□ Other:

_____
_____