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Annual Health History Update

Ruchi Moore, M.D., FACOG
Lindsay C. Veazey, M.D.
Summer K. Gilmer, M.D., FACOG

Problems or Concerns

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Other Physicians that are currently treating you

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Date of Last Menstrual Period _____

Medications (name and dose)

Allergies (medicine and reaction)

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Surgical History (procedure, date)

Personal Medical History

Cancer	Depression	Anemia
Diabetes	Anxiety	Asthma
Headaches/Migraine	Blood Clot	UTI/Kidney Problems
High Blood Pressure	Heart Problems	Thyroid
GI Problems	High Cholesterol	Neurologic Problems
Dermatology Problems	Other	



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Family History (immediate family only, please list who)

Heart:	Diabetes:	Blood Clot:
Cancer:	Thyroid:	High Blood Pressure:

Obstetric History

Date	Vaginal, C-sec or miscarriage, abortion	Sex	WT	Problems	Place of Delivery

GYN History

Age of First Period	
Current Birth Control Method	
Date of Last Pap Smear	
Age at Menopause	
History of abnormal pap (if so what treatment)	
History of HPV	
Date of Gardasil Vaccine	
Most Recent Bone Density	
Date of Last Colonoscopy	
Sexually Active	
Last Mammogram	
Date of last Tetanus	
Date of last Flu Vaccine	

Social History

Tobacco/ Amount	Street Drug Use	Alcohol/Amount
Exercise/How often	Occupation	Marital Status
History of Domestic Violence Y/N	Sexual Orientation (please circle) Heterosexual, Homosexual, Bisexual	