213 Decatur St, Port Townsend, WA 98368 • Phone: (360)385-5375 • Fax: (360) 329-7831

Prosper Natural Health, PLLC

ANNUAL WELL-WOMAN EXAM INTAKE

NAME _____ TODAYS DATE _____

DATE OF BIRTH _____ AGE _____

MENSTRUAL HISTORY:

Age of First Menses: _____
Menses Duration: _____
Typical Cycle Length: _____
First Day of Last Menses: _____
Quality of Flow (dark red, bright red, clots)
Describe: _____
Quantity of Flow: (light, moderate, heavy)
Quantify: _____
Are your cycles regular? ❒Yes ❒No
PMS? ❒Yes ❒No
If yes, details: _____
_____
Painful menses? ❒Yes ❒No
If yes, details (when is it worst, what makes it better, what makes it worse): _____
_____
_____

SEXUAL HISTORY:

Sexually Active? ❒Currently ❒Past ❒Never
Partners? ❒Male ❒Female ❒Both
Satisfied with sexual life? ❒Yes ❒No
Any Concerns? _____
History of STD:(circle all that apply, add details)
HSV (herpes) _____
HPV (Human Papilloma Virus) _____
Gonorrhea _____
Chlamydia _____
Syphilis _____
Hepatitis _____
HIV _____
History of Vaginitis: (circle, give details)
Trichomoniasis _____
Yeast Infections _____
Bacterial Vaginitis (BV) _____
Gardnerella _____
Last Pelvic Exam? _____ Last Pap? _____
Any Abnormal Paps? ❒Yes ❒No When? _____

CURRENT SYMPTOMS: (describe if applicable)

Vaginal Discharge? ❒Yes ❒No
Vaginal or Anal Irritation? ❒Yes ❒No
Vaginal or Anal Itching? ❒Yes ❒No
Pain with Sexual Activity? ❒Yes ❒No
Vaginal Dryness? ❒Yes ❒No

OBSTETRICAL HISTORY:

Number of Pregnancies: _____
Number of Births: _____
Number of Miscarriages: _____
Number of Abortions: _____
Number of Living Children: _____
Have you had any difficulty with…
❒Conceiving ❒Pregnancy ❒Labor/Delivery
Describe: _____
Future birthing plans: _____

CONTRACEPTIVE HX:

Current Method: _____
Past Methods: _____
Satisfied? ❒Yes ❒No

RISK ASSESSMENT:

Do you smoke? ❒Yes ❒No Frequency? _____
Do you do self breast exams? ❒Yes ❒No
Did you breastfeed? ❒Yes ❒No
Knowledge of safer sex methods? ❒Yes ❒No
Use of safer sex methods? ❒Yes ❒No
IV Drug Use? ❒Yes ❒No When? _____
Blood transfusions/blood products?
❒Yes ❒No When? _____
Any sexual activity with:
IV drug user(s)? ❒Yes ❒No When? _____
Bisexual male: ❒Yes ❒No When? _____
Prostitute Contact: ❒Yes ❒No When? _____

PAST MEDICAL HISTORY:	Self	Family
Allergies	_____	_____
Thyroid Disease	_____	_____
Diabetes	_____	_____
Hypertension	_____	_____
Heart Disease	_____	_____
Arthritis	_____	_____
Cancer	_____	_____
Osteoporosis	_____	_____
DES exposure	_____	_____
Breast Disease	_____	_____
Ovarian Disease	_____	_____
Uterine Disease	_____	_____

Surgeries or Injuries: _____
Bone Scan (when?): _____
Mammograms (when?): _____
Last blood work (what /when)? _____