

Female Health History

Last Menstrual Period

(LMP):

Are your periods regular?

Yes

No

If no, explain:

Current Birth Control

Method:

Tubal Ligation (Tubes Tied): Yes

No

Year: _____

Hysterectomy:

Yes

No

Year: _____

Partial

Total

Ovaries Removed

Pregnancy History

Number of pregnancies:

Number of deliveries:

Any complications?

Last Pap Smear:

Date: _____

Normal

Abnormal

If abnormal, explain: _____

Last Mammogram:

Date: _____

Normal

Abnormal

If abnormal, explain: _____

DEXA (Bone Density) Scan: Yes

No

Date: _____

Result: Normal

Osteopenia

Osteoporosis