

# Dr. Honey & Dr. Cohen

Obstetrics and Gynecology

## Consult for Gynecological Problem Patient Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Please answer the following:

What is your age? \_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_. Number of children? \_\_\_\_.

What are you doing to prevent pregnancy? (pill, vasectomy etc.) \_\_\_\_\_.

What was the **first** day of your last period? \_\_\_\_\_. Are they regular? ( Y / N ).

How many days from the beginning of one period to the next? 28? 26-35? \_\_\_\_.

How many days does your period last? \_\_\_\_\_.

Are the periods heavy? ( Y / N ) Which days? \_\_\_\_\_.

Are the periods painful? ( Y / N ) Which days? \_\_\_\_\_.

### General health:

List any medical conditions that you have: \_\_\_\_\_

Have you been diagnosed with Sleep Apnea? ( Y / N )

List any surgeries that you have had: \_\_\_\_\_

List your medications and dosages: \_\_\_\_\_

List any allergies to medications: \_\_\_\_\_ Latex Allergy? ( Y / N )

Are you a smoker? ( Y / N ). How Much? \_\_\_\_\_. Drinks per week \_\_\_\_\_. Cannabis ? ( Y / N )

When was your last Pap smear? \_\_\_\_\_. Have you had any abnormal Paps?( Y / N )

### Family History:

Do you have a family history of breast, ovary, uterine or cervical cancer? ( Y / N )

Please list which family member had which of the above cancers. \_\_\_\_\_

### Social History:

Do you have a partner? \_\_\_\_\_ what do you do for a living? \_\_\_\_\_

What would you like to review today? \_\_\_\_\_

Thank you for completing this questionnaire!

308-1 Centrepointe Dr.

Ottawa, ON

K2G 6E2

Tel: 613-274-7282

Fax: 613-274-2970