

Melinda Miller-Thrasher, MD

Janice Hull, NP

Sonya Wallace, NP

Wilhamina Bailey, PA



3200 Highlands Pkwy SE Suite 420

Smyrna, GA 30082

678) 424-1123

www.iwhcs.com

Established Patient Follow-Up Questionnaire- Gynecology

Name: _____ DOB: _____ Date: _____

1. Chief reason for today's visit: Annual Exam? Problem Visit? _____

2. First day of last menstrual period: _____

3. Are you currently pregnant? **Y N** If so, on what date was first positive pregnancy test? _____

4. Type of birth control currently using: _____

- (including none, vasectomy, tubal ligation, condoms, withdrawal, IUD, abstinence, Oral

Contraceptive Pill, Nuvaring, Nexplanon, female partner, or natural family planning methods)

5. Do your cycles come monthly? **Y N** If not, How often? _____ Cycles last _____ # of days

6. Have you been diagnoses or treated for any of the following conditions (if yes, circle): **uterine fibroids, uterine polyps, endometriosis, ovarian cysts, PCOS, infertility, breast cyst/mass, other?**

7. Are you interested in testing for Sexually Transmitted Infections today? Yes No

8. Have you ever received the Gardasil Vaccine (to prevent HPV and cervical cancer)? **Yes or No** _____ # doses

9. Date of last pap smear: _____ Results: _____

10. Have you had abnormal pap smears (what abnormality and when)? _____

- If yes, circle the following: HPV, Genital warts, Gonorrhea, Herpes, HIV, Syphilis, Hepatitis C

11. Have you had gynecological surgery since your last visit? **Y N** If so, on what date and what surgery? _____

12. Do you use medication on a regular basis, **including Medications/Supplements/Vitamins?** Please list name and dose of medication: _____

13. Do you need refills on your medications? If so, which ones? _____

14. What surgeries have you had? (please give year of surgery, including cosmetic): _____

REVIEW OF SYSTEMS- circle if you are having any of the following problems:

Skipping periods	Bleeding after intercourse	Vaginal odor	External genital lump/lesion
Heavy vaginal bleeding	Anemia	Recurrent vaginal infections	Pelvic pain
Bleeding between periods	Abnormal vaginal discharge	External genital itching	Painful periods
Bleeding after menopause			

Painful intercourse

Pelvis mass

Difficulty getting pregnant

Urinary frequency

Urinary leakage

Pain with urination

Recurrent UTI

Blood in your urine

Pelvic pressure

Pelvic bulge or prolapse

Bothersome menopause
symptoms

Significant hot flashes

Vaginal dryness

Breast pain

Breast mass

Nipple discharge

Chronic constipation

Chronic diarrhea

Persistent nausea or
vomiting

Blood in your stools

Depressed mood

Increased anxiety

Irritability

Unexplained weight
changes

Fever or chills