Continued

Pregnancy and Gynecology

Number of pregnancies____
Miscarriages____
Period between Menses___

Number of Births____
Abortions____
Duration_____

Premature Births_____
Age of First Menses_____
First date of last Menses____
Last PAP_____

- ☐ Painful Periods
- ☐ Changes in Body/Psyche Prior to Menstruation
- ☐ Unusual Character (Heavy or Light)
- ☐ Clots
- ☐ Irregular Periods
- ☐ Breast lumps
- ☐ Vaginal Discharge
- ☐ Swelling in Breasts
- ☐ Pain in Breasts

Do you use birth control? _____ If so, What type and how long? _____

Musculoskeletal

- ☐ Neck Pain
- ☐ Back Pain
- ☐ Hand/Wrist Pain
- ☐ Muscle Pains
- ☐ Muscle Weakness
- ☐ Shoulder Pain
- ☐ Knee Pain
- ☐ Foot/Ankle Pain
- ☐ Hip Pain

Any other joint or bone problems?_____

Neuropsychological

- ☐ Seizures
- ☐ Areas of Numbness
- ☐ Concussion
- ☐ Bad Temper
- ☐ Dizziness
- ☐ Lack of Coordination
- ☐ Depression
- ☐ Easily Susceptible to Stress
- ☐ Loss of Balance
- ☐ Poor Memory
- ☐ Anxiety

Have you ever been treated for emotional problems? _____
Any other neurological or psychological problems? _____

Comments:

Please tell us any other problems you would like to discuss:

_____
_____
_____
_____
_____