



**Female History Database Questionnaire**

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1. Name
2. DOB
3. Age
4. Number of times you have been pregnant, total
5. Number of births:
6. Number of miscarriages or abortions:
7. Number of living children and their ages:
8. Height:
9. What is the primary reason you are coming to this office?

10. Are you having any of the following symptoms?

- ☐ fatigue
- ☐ night sweats
- ☐ daytime hot flashes
- ☐ sleep disturbance – waking frequently, waking during the night unable to go back to sleep, etc.
- ☐ decreased sex drive, arousal, interest, or ability to achieve orgasm
- ☐ joint or muscle pain, generalized achiness
- ☐ moodiness/mood swings, crying for no reason
- ☐ anxiety
- ☐ decreased mental clarity/brain fog/impaired recall
- ☐ vaginal dryness
- ☐ depression, depressed outlook

\_\_\_decreased motivation

\_\_\_weight gain

\_\_\_breast pain/soreness

11. Are you allergic to any medications or foods? Local anesthetics?\_\_\_\_\_

12. When was your last menstrual period? (give estimated year if unknown)\_\_\_\_\_

13. If you are menopausal, have you had any bleeding after menopause?        Yes        No

14. Birth control method:

\_\_\_menopause                      \_\_\_condoms

\_\_\_tubal ligation                      \_\_\_other:

\_\_\_birth control pills

\_\_\_vasectomy

\_\_\_hysterectomy

\_\_\_IUD

15. List all current medications or supplements you are taking, including hormones:

16. Past hormone replacement therapy, if any:

17. Do you have, or have you had any of the following **medical** conditions?

\_\_\_Hypertension (high blood pressure)

\_\_\_Diabetes

\_\_\_Liver disease, such as abnormal liver functions, hepatitis, fatty liver, cirrhosis

\_\_\_Kidney disease, such as impaired kidney function

\_\_\_Heart disease

\_\_\_Migraine headaches

\_\_\_Polycystic Ovarian Syndrome (PCOS)

\_\_\_ Infertility

\_\_\_ Fibroid tumors of the uterus

\_\_\_ Acne

\_\_\_ High cholesterol

\_\_\_ Heart disease (coronary artery disease or blockage), Stroke or heart attack

\_\_\_ Blood clot in leg, or pulmonary embolus

\_\_\_ HIV

\_\_\_ Hepatitis B or C

\_\_\_ Autoimmune disease, such as Lupus

\_\_\_ Fibromyalgia

\_\_\_ Thyroid disease: hypothyroidism or hyperthyroidism

\_\_\_ Depression/ anxiety (if you have been diagnosed or been treated for this)

\_\_\_ Psychiatric disorder , such as bipolar

\_\_\_ Cancer – give type and year of diagnosis \_\_\_\_\_

18. History of past **surgeries**:

\_\_\_ Hysterectomy For what reason: \_\_\_\_\_

\_\_\_ Hysterectomy with removal of one ovary Reason: \_\_\_\_\_

\_\_\_ Hysterectomy with removal of both ovaries (“complete hysterectomy”) Reason: \_\_\_\_\_

\_\_\_ Tubal ligation

\_\_\_ Gallbladder

\_\_\_ Endometrial ablation

\_\_\_ Gastric bypass or similar

\_\_\_ Mastectomy

\_\_\_ Removal of one ovary

\_\_\_ Other:

19. Is there any **family history** of breast cancer? \_\_\_Yes \_\_\_No Which relative(s)? \_\_\_\_\_

Family history of early stroke or heart attack? \_\_\_\_\_

Other significant family history: \_\_\_\_\_

20. Status of preventative medical care:

When was your last general medical exam? \_\_\_\_\_ (Physician : \_\_\_\_\_)

When was your last pelvic/exam, pap test by a gynecologist? \_\_\_\_\_ (Physician : \_\_\_\_\_)

When was your last mammogram? \_\_\_\_\_ Where was it done? \_\_\_\_\_

Have you had a bone density test?    \_\_\_ Yes    \_\_\_ No    If so, when/where? \_\_\_\_\_

21. Smoking history:    \_\_\_ Never    \_\_\_ Former    \_\_\_ Current smoker, \_\_\_\_\_ packs per day

22. Alcohol intake:    \_\_\_ None    \_\_\_ Occasional    \_\_\_ Social    \_\_\_ Daily

23. Do you currently exercise?    If so, what kind and how often? \_\_\_\_\_

\_\_\_\_\_

24. Daily nutrition: (Considering your usual routine)

Typical breakfast: \_\_\_\_\_

Typical lunch: \_\_\_\_\_

Typical dinner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approx. # of vegetables, fruits, and berries eaten daily: \_\_\_\_\_ Have you ever tried a wheat-free diet? \_\_\_\_\_

Soft drinks per day: \_\_\_\_\_ Sweet tea how often: \_\_\_\_\_

25. How many hours do you typically sleep?

26. Anything else you would like us to know about you. It would be helpful to tell me if there has been any significant history of abuse or trauma in your life that affects you in the present. I will treat such information sensitively and might be able to direct you to resources that might help. Feel free to tell me about this in person during our initial interview (it isn't necessary to write anything down).