

WOMEN FIRST OF LOUISVILLE, PLLC
Patient History

We are happy to announce that we are converting your patient record to an electronic medical record this year. Please complete this patient history form and return it to our office **at least 2 weeks prior** to your visit.

Failure to return this patient history form could result in your appointment being rescheduled.

Fax number: **502-891-8752** **Mailing address:** 3900 Kresge Way, Ste. 30
Louisville, KY 40207
ATTN: Medical Records

Patient Name: _____ **DOB:** _____
Appointment Date: _____ **Physician:** _____

Allergies: Allergic to any medicine Yes No (please circle)

Name of Medication	Reaction (rash, itching, shortness of breath, nausea, etc)
_____	_____
_____	_____

Foods: (please circle) Egg Whites Peanuts Shellfish

Contactants: (please circle) Latex Adhesive Tape Betadine Metal Nickel

Family History: Provide relationship i.e. Mother, Father, Sister, Brother, Grandparent

Negative Family History _____ Adopted, family history unknown _____
Breast Cancer _____ Uterine Cancer _____ Ovarian Cancer _____ Colon Cancer _____
Thyroid Cancer _____ Lung Cancer _____ Other Cancer in family _____
Osteoporosis _____ Thyroid Problems _____ Kidney Disease _____
Clotting Disorder (DVT, PE) _____ Heart Disease _____ Stroke _____
Diabetes Mellitus _____ High Blood Pressure _____

List all of your medical problems:

List all of your gynecological problems:

Patient Name: _____ **DOB:** _____

List all of your surgeries:

Primary Care Physician: _____

Social History:

Marital Status _____ most recent occupation _____

Alcohol: Yes No Describe _____ Tobacco: Yes No Describe _____

Pharmacy: _____ Address: _____ Phone # _____

Pregnancy and Birth:

of Pregnancies _____ # of Vaginal Deliveries _____ # of C-Sections _____ # of Miscarriages _____

of Living Children _____ # of Ectopic Pregnancies _____

Children – Name, birth year, delivering physician IF delivered by Women First Physician

Medications: List any medications and dosage that you are presently taking.

