

FEMALE HISTORY

YES NO

Do you currently menstruate? If no, when was your change of life? \_\_\_\_\_

Up to the present, periods have been: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

Interval between periods ranges in length from \_\_\_\_\_ to \_\_\_\_\_ days.

Menstrual flow now is: Scant \_\_\_\_\_ Moderate \_\_\_\_\_ Heavy \_\_\_\_\_ Excessive \_\_\_\_\_

Menstrual flow usually lasts for a total of \_\_\_\_\_ days.

Do you have excessive anxiety or depression in relation to your periods?

Are your periods painful? If so, are they: Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Do you have any other symptoms associated with periods? (List)

Do you ever have bleeding or spotting between periods?

Do you ever have any bleeding or spotting following sexual intercourse?

Are you using some form of birth control? Type \_\_\_\_\_

Have you missed any periods at this time? How many? \_\_\_\_\_

Was your last period normal? First day of your last period was \_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_ Living children \_\_\_\_\_ Deceased \_\_\_\_\_

Miscarriages \_\_\_\_\_ Child's name and DOB 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_

Any complications of pregnancy, labor or delivery? \_\_\_\_\_

\*\* Answer the following if you have entered menopause \*\*

YES NO

Have you had any bleeding or spotting since menstruation stopped?

Have you had any mood instability?

Do you have any hot flashes?

Have you taken any hormones? What? \_\_\_\_\_ Dates? \_\_\_\_\_

Have you had a baseline bone density test? Results? \_\_\_\_\_

Do you take calcium? How much \_\_\_\_\_

Do you take Vitamin D? How much? \_\_\_\_\_

