



Name: _____

Age: _____

Gardasil: _____

Date: _____

Pre-Visit Questionnaire

What is the main reason for your visit today?

PCP: _____

When was the 1st day of your last period?

____/____/____

Any irregularities or issues with your periods that you would like to discuss?

Are you currently sexually active? Y N

With Male Female or Both Partners?

What are you using to prevent pregnancy now? (Circle)

- | | |
|---------------------|-------------------|
| Tubal sterilization | Vasectomy |
| Depo Provera | Implanon |
| Diaphragm | Condom/Spermicide |
| Birth Control Pills | IUD |

Do you need a form of birth control today? Y N

Marital Status: (Circle)

- | | | |
|------------------|-----------|---------|
| Single | Divorced | Married |
| Domestic Partner | Separated | Widowed |

Occupation:

Pregnancies:

- Vaginal Births: _____ Miscarriages: _____
 Abortions: _____ Cesarean Sections: _____
 Ectopic/Tubal pregnancies: _____
 Multiple births: _____
 Living children: _____

Do you have any allergies to medications?
Please list with reaction:

Which pharmacy do you use?

- Do you smoke? Y N
 If you did when did you quit: _____
 Do you drink alcohol: Y N
 Do you do recreational drugs? Y N

Do you take medication/supplements/vitamins?
Please List:

Surgical History: (Circle)

- Hysterectomy: Y N Who: _____
 Removal of ovaries? None Both One
 Urinary Bladder Surgery: Y N

Other:

My Medical History: (Circle)

- Deep Venous Thrombosis: Y N
 Depression: Y N
 Diabetes Mellitus: Y N
 Heart Disease: Y N
 Hypertension: Y N
 Liver Disease: Y N
 Migraine Headaches: Y N
 Thyroid Disease: Y N
 Other:

When was your last mammogram? _____
 Colorectal Screening? _____

Family History: (Circle)

- Ovarian Cancer: Y N Who: _____
 Breast Cancer: Y N Who: _____
 Colon Cancer: Y N Who: _____

Type of Insurance (circle one)

- | | | |
|----------|----------|--------|
| HMO | PPO | SCCIPA |
| Medi-Cal | Medicare | SCFHP |

Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient Name: _____ Date of Birth: _____ Age: _____

Please indicate if there is a **personal or family history** of any of the following cancers. If yes, then **indicate family relationship** and **at diagnosis** in the appropriate column. Consider parents, children, brothers, sisters, grandparents, aunts, uncles, and cousins.

Example: Colon Cancer Brother 36 yrs Aunt 44 yrs Cousin 58 yrs Grandfather 1

BREAST AND OVARIAN CANCER (HBOC)

			You (age of diagnosis)	Siblings / Children (relation / age of diagnosis)	Mother's Side (relation / age of diagnosis)	Father's S (relation / age of diagnosis)
Y	N	Breast cancer				
Y	N	Breast cancer in both breasts OR multiple primary breast cancers				
Y	N	Ovarian cancer				
Y	N	Male breast cancer				
		Are you of Ashkenazi Jewish descent? Please Circle:	YES / NO			

COLON AND UTERINE CANCER (LYNCH)

			You (age of diagnosis)	Siblings / Children (relation / age of diagnosis)	Mother's Side (relation / age of diagnosis)	Father's S (relation / age of diagnosis)
Y	N	Uterine (endometrial) cancer				
Y	N	Colon cancer				
Y	N	Gastric/stomach cancer				
Y	N	Ovarian cancer				
Y	N	Kidney/bladder/ureter, brain or small bowel cancer				
Y	N	10 or more colon polyps in a lifetime				
Y	N	Prostate Cancer (HBOC)				
Y	N	Melanoma (HBOC)				
Y	N	Pancreatic Cancer (HBOC/Lyn)				
Y	N	Other Cancers				

Patient's Signature: _____ Date: _____

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Patient offered hereditary cancer testing?

YES (ACCEPTED / DECLINED) NO

HEALTH CARE PROVIDER SIGNATURE: _____

HBOC - Personal or Family History (Derived from NCCN)

One person with: (out to 2nd degree)

- Breast CA (diagnosed ≤45)
- Ovarian CA, any age
- Male breast CA, any age
- Bilateral breast CA (1st cancer dx'd ≤50)
- Triple negative Breast CA (dx'd ≤60)

Two persons with: (out to 2nd degree)

- Breast Cancer (1 dx'd ≤ 50)

Three Persons with: (out to 2nd degree)

- Combination of breast/pancreatic any age

NOTE:

- A. Lower threshold for testing in Ashkenazi Jewish individuals.
- B. 3rd degree blood relative with breast ca and/or ovarian ca with 2 or more close blood relatives with breast ca (at least 1 breast ca dx'd at or under age 50) and/or ovarian ca.
- C. Limited family structure (fewer than 2 female 1st or 2nd degree relatives living past age 45) may mask a mutation in a family

Lynch*- Personal or Family History (Derived from S)

One or Two persons with: (out to 2nd degree)

- Endometrial or Colorectal Cancer (1 diagnosed ≤50)
- CRC, endo, gastric, or ovarian cancer along with another Lynch associated cancer in the same individual
- Endo or CRC Cancer at any age & another Lynch* cancer dx'd ur

Three persons with: (out to 2nd degree)

- Lynch* cancers with 1 being Endometrial or Colorectal, any age
- *Endo, CRC, ovarian, stomach, brain, pancreas, small bowel, uret renal pelvis, biliary tract, sebaceous adenomas

In an effort to provide the best experience during your office visit today and help us keep current on your health, please take a few minutes to complete the following questions. Thank you!

Name _____ Date _____

CONTRACEPTION

1. What is your current form of birth control? _____
2. How long have you been using your current form of birth control? (please check one)
 Two years or less 3 to 5 years 6 to 10 years Over 10 years
3. When are you planning to have another child? (please check one)
 Within the next year Within the next 5 years
 Within the next 10 years I am done having children

MENSTRUAL PERIODS

1. How long does your average monthly period last? _____ Days
2. Do you ever feel as though your periods impact the quality of your life? Yes No
3. Do you ever experience irregular or inconsistent bleeding patterns? Yes No

URINARY HEALTH

1. Do you ever leak urine when you cough, laugh, or sneeze? Yes No
2. Do you ever feel as though you have to urinate urgently? Yes No
3. Do you feel like you have to urinate too frequently? Yes No
4. Do you ever experience painful urination? Yes No

AESTHETICS INTERESTS (Please indicate any area of interest)

Laser Hair Removal Facial Treatments Vein Therapy Botox, Obagi, etc
 Nutraceuticals, Dietary Supplements, Weight Loss Programs, etc.

Are there any concerns/issues that you would like to discuss today? _____

