

# Gynecology Associates of Fredericksburg

Name \_\_\_\_\_ DOB \_\_\_\_\_ Appointment Date \_\_\_\_\_

**Hospitalizations**

Date

1	
2	
3	
4	
5	
6	
7	

**Surgeries**

Date

1	
2	
3	
4	
5	
6	
7	

**Medical Problems**

1	
2	
3	
4	
5	
6	
7	

**Obstetrical History**

Number of Pregnancies	
Number of Vaginal Deliveries	
Number of C-Sections	
Number of Miscarriages	
Number of Abortions	
Number of Tubal Pregnancies	
Number of Living Children	

**Medications**

Agent	Dose	Frequency
1		
2		
3		
4		
5		
6		
7		

**Medication Allergies**

Agent	Reaction

## Family History

	Status			Breast Cancer	Cervical Cancer	Uterine Cancer	Ovarian Cancer	Colon Cancer	High Blood Pressure	Heart Disease	Diabetes	Thyroid Disease	Unknown
	L	D	U										
Father													
Mother													
Brother (s)													
Sister (s)													
Sons(s)													
Daughter (s)													
Paternal GF													
Paternal GM													
Maternal GF													
Maternal GM													
Paternal Uncle(s)													
Paternal Aunt (s)													
Maternal Uncle(s)													
Maternal Aunt (s)													

**L:** Living **D:** Deceased **U:** Unknown