

**HILO OBSTETRICS & GYNECOLOGY – QUYEN TRAN, M.D.**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Reason for this visit: \_\_\_\_\_

Please circle **all** changes that apply to your health in the last 6 months:  **No changes**

**GENERAL:** weight gain or loss (\_\_\_\_ lbs), fever or chill, decrease in strength or exercise tolerance. **ENT:** vertigo, bleeding gums. **HEART:** chest pain, palpitation, passing out. **LUNGS:** shortness of breath, wheezing, coughing up blood. **ABDOMEN:** difficulty swallowing, blood in stool, dark stool, dark vomit. **MUSCLE:** limited range of motion, numbness or tingling. **NEURO:** tremor, seizure, difficulty with speech. **PSYCH:** hallucination, change in thought content, suicidal ideation. **BREASTS:** lump, swelling, nipple discharge. **URINARY:** pain with urination, urgency, frequency, hesitancy, incontinence, blood in urine. **GYNECOLOGICAL:** vaginal discharge, odor, itching, painful intercourse, bleeding after intercourse

**If you still have your periods, complete this section:**

First day of last menstrual period: \_\_\_\_\_. Age period began: \_\_\_\_\_.

Periods are usually (please circle): regular/slightly irregular/very irregular. Bleeding is: heavy/moderate/light. They are: very painful/slightly painful/not painful. Bleeding last: \_\_\_\_\_ days

**If you are entering or have already entered menopause, complete this section:**

Age of menopause: \_\_\_\_\_. Circle any of these following symptoms that you are experiencing: hot flashes, night sweat, vaginal dryness, loss of interest in sex, insomnia, mood swings, forgetfulness, or urine leakage.

Date of last Pap smears: \_\_\_\_\_ Date of last Bone density test: \_\_\_\_\_  
Date of last Mammogram: \_\_\_\_\_ Date of last Colonoscopy: \_\_\_\_\_

Please list **all changes** from your last visit (new medical problems/surgeries/medications):  **No changes**

**For office use only:**

VS: Wt \_\_\_\_ Ht \_\_\_\_ Temp \_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_ R \_\_\_\_  
UA: Blood \_\_ Protein \_\_ Nitrite \_\_ Leuko \_\_ Glucose \_\_ Urine culture  
UCG: \_\_\_\_ WP: BV/Y/Trich Hemocult: \_\_ Hgb: \_\_\_\_ BG: \_\_\_\_  
PAP GC/Ch STD MMG Colon DEXA U/S Lab \_\_\_\_\_  
Sprintec Nuvaring OrthoEvra Depo Provera  
Macrobid/Cipro/Bactrim Flagyl/Metrogel Diflucan/Monistat/Nystatin Premarin PV/Prempro

NL Findings

- GEN  \_\_\_\_\_
- SKIN  \_\_\_\_\_
- NEURO  \_\_\_\_\_
- PSYCH  \_\_\_\_\_
- HEENT  \_\_\_\_\_
- HEART  \_\_\_\_\_
- LUNGS  \_\_\_\_\_
- EXT  \_\_\_\_\_
- ABD  \_\_\_\_\_
- BRSTS  \_\_\_\_\_
- PELVIC  \_\_\_\_\_

Uterus ant/mid/post/absent