

Riverside Midwifery
506 N. Adams Ypsilanti, MI 48197
734-646-2674

Well-Woman Health Intake Form

Name: _____ SS#: _____

Address: _____

Phone: _____ Email: _____

Date: _____ Age: _____

Current Medications: _____

Reason for visit: _____

Many of these questions are personal but important. All information is confidential and cannot be released without your consent.

Marital Status: S M W D Is (are) your partner(s): M F Both

History of serious illness: _____

History of hospitalizations: _____

Have you had a pelvic exam? _____ Have you previously had a Pap? _____

Date of last Pap: _____ Results: Normal _____ Abnormal _____

If abnormal, give date of abnormal Pap and any following treatment: _____

Menstrual History

Age at first period: _____ Number of days between periods: _____ Period lasts _____ days

First day of last period: _____ Bleeding between periods: _____ Painful periods: _____

Lifestyle

Do you smoke? _____ How many years? _____ Packs per day: _____

Do you drink alcohol? _____ How often/how much? _____

Do you use recreational drugs? _____

Do you practice bingeing/purging with self-induced vomiting or laxative use? _____

Health History

Have you ever been diagnosed with any of the following? If yes, when?

Hepatitis: _____ Cancer: _____ Breast lumps: _____

High blood pressure: _____ Thyroid disease: _____ Migraines: _____

Eating disorder: _____ Diabetes: _____

Sexual and contraceptive history

Have you been sexually active? YES NO ORAL ANAL VAGINAL

Are you currently sexually active? YES NO

Length of time with current partner(s): _____

Number of partners in the past 6 months: _____ In your lifetime? _____

Do you know your partner's sexual history? YES NO

Have you ever had a STD? YES NO If yes, _____

Do you know that you can acquire a STD through oral sex and foreplay? YES NO

What do you use to protect yourself from STDs? _____

Number of pregnancies: _____ Outcome: Full term: _____ Premature: _____ Abortion: _____ Living: _____

Contraceptive currently used: _____

Is there anything you'd like to discuss concerning your sexual health?

