Glendale Obstetrics & Gynecology, PC.

Diana Heard-Vaughn, M.D. • [redacted] • Kristin Livingston, M.D.
Nikki Maurer, WHNP-BC

MEDICAL QUESTIONNAIRE

Name_____DOB_____Date_____

Medication allergies_____

Current Medications_____

1) Last menstrual period_____

2) Current birth control_____

3) Are you considering a pregnancy this year: □Yes □No

4) Have you been diagnosed with any new medical conditions since your last visit? □ YES □NO
If yes please list _____

5) Have you had any surgeries since your last visit? □Yes □No
If yes please list _____

6) Any family history of breast cancer: □Yes □No
If yes, who and what was their age when diagnosed? _____

_____

7) Any changes in family history since your last visit? (cancer, diabetes, etc.) □ Yes □ NO
If yes, who and what _____

8) Do you smoke cigarettes? □Yes □No
If yes how many per day? _____

9) Do you drink alcohol? □Yes □No
If yes, how many drinks and how often?_____

10) Have you had any new sexual partners in the past year? □Yes □ No
If yes how many?_____

11) Do you exercise? □Yes □No
If yes, what type of exercise and how often? _____

Pharmacy of Choice and Number: _____

5750 W. Thunderbird Rd., #D-400 • Glendale, Arizona 85306 • (602) 298-8977 • Fax (602) 298-1787
www.glendaleobgyn.com