



Women / Men Health Form

For Women Only:

Are you currently pregnant? Planning to become Pregnant? Are you using birth control? What type?	# of pregnancies # of live births # of miscarriages # of abortions
What age did you have your first period?	When was the first day of your last period?
Average # of days in cycle:	Average number of days of flow:
Average number of pads/tampons used per day: Day 1: Day 2: Day 3: Day 4: Day 5:	Flow is: ☐ Light ☐ Normal ☐ Heavy
Color is: ☐ Pale ☐ Dark ☐ Bright Red ☐ Brown ☐ Purple	Blood clots? Size of clots: ☐ Yes ☐ No

Do you experience any of the following before or during your menstrual period?

☐ Water retention	☐ Pain/Cramping	☐ Nausea
☐ Breast tenderness/Swelling	☐ Migraines	☐ Hot flashes
☐ Depression	☐ Insomnia	☐ Night sweats
☐ Irritability	☐ Diarrhea/Constipation	

Vaginal Discharge? ☐ Yes ☐ No

If yes, is there a color or odor?

Is your libido: ☐ Low ☐ Normal ☐ High

Have you ever been diagnosed with any of the following:

☐ Endometriosis	☐ Cervical Dysplasia
☐ Polycystic Ovary Syndrome	☐ Uterine Fibroids
☐ Pelvic Inflammatory Disease	☐ Ovarian Cysts
	☐ Fertility Issues

Age of menopause onset?

Menopause Symptoms:

Hormone Replacement therapy? ☐ Yes ☐ No

Date of last PAP smear

Results:

Other gynecological issues:

For Men Only:

Date of last prostate checkup:

Results:

Have you ever experienced any of the following:

☐ Overactive libido	☐ Swelling in testicles	☐ Prostate problems
☐ Testicular pain	☐ Premature ejaculation	☐ Dribbling urination
☐ Nocturnal emissions	☐ Fertility Issues	☐ Painful urination
	☐ Impotence	☐ Difficult urination
		☐ Incontinence

Other Men's health issues?