WELL FEMALE ADOLESCENT QUESTIONNAIRE

NAME: _____ Date_____

Gynecologic History

First day of last mentrual period: _____
How many days in between your cycles? _____
How long does your period last? _____
Have you ever had an abnormal pap? YES NO
If yes, what was the date: _____

Family Planning

Are you sexually active? YES NO
What do you use for birth control? _____

Have you ever had an STD? YES NO
If yes, what kind? _____

Pregnancy History

Number of times you have been pregnant: _____
Number of completed pregnancies: _____
Vaginal deliveries: _____ C-section: _____

Pelvic/Abdominal Surgeries

Have you had any recent surgeries? YES NO
If yes, what was the date? _____
What was the purpose?_____

Past Medical History

Please circle if YOU have now or have ever had any of these medical conditions:

Migraine Asthma Depression Diabetes
Anxiety Allergies
Blood Clots (where_____)
Cancer (what kind?_____)
Skin Disorder (what kind? _____)

Prevention History

Do you eat a well-balanced diet that is also low in sugar and fats? YES NO
Do you exercise regularly? YES NO
How many days a week? _____
How long do you exercise for? _____
What kind of exercise?_____

When was your last Tetanus shot? _____
When was your last Flu shot? _____
Have you ever had a chest xray? YES NO
If yes, when? _____
When was your last dental cleaning? _____

Review of Systems

Please circle below anything that you have experienced CHRONICALLY or RECENTLY. (The provider may ask for you to return for another office visit to adequately address any complicated issues)

General: fever chills fatigue general weakness
Eyes: visual disturbances eye irritation
Ears, Nose & Throat: runny nose sore throat nosebleeds ear pain trouble hearing
Heart: chest pain chest palpitation difficulty breathing on exertion passing out
Lungs: trouble breathing coughing spitting up phlegm wheezing
Breast: lumps skin changes drainage from the nipple
Abdomen: abdominal pain diarrhea constipation nausea vomiting
Urinary: urinating more than usual burning when urinating trouble holding urine retaining urine
Rectal: rectal bleeding black stools constipation change in firmness of stools
Genitals: vaginal discharge vaginal irritation irregular periods pain during intercourse
Skin: rash moles that have recently appeared or changed in size or color
Neuro: headaches numbness or tingling weakness in one body part dizziness speech problems
Musculosketal: joint pain joint swelling neck pain joint deformity
Psych: trouble sleeping conflict in family or personal relationships that is sometimes handled by pushing/hitting/cruelty
feeling depressed feeling anxious thoughts of hurting yourself/anyone else