

[NP over 50]

In accordance with the HIPAA law, respecting your privacy, please fill out this short form in advance and hand it to your nurse when you get called back.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Height:** \_\_\_ ft. \_\_\_ in

**Reason for Visit:** \_\_\_\_\_

**Medications:** (including outside meds, antibiotics and supplements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*DO YOU PREFER LOCAL OR MAIL ORDER FOR YOUR PRESCRIPTIONS? PLEASE LIST YOUR PREFERRED: Or just write in "print" for handwritten RX \_\_\_\_\_ \*\*\***

**Drug Allergies** (including Latex) or write in No Known Drug Allergies

\_\_\_\_\_  
\_\_\_\_\_

**Reproductive History:**

Are you postmenopausal?

If yes, how old were you when you got your last period? \_\_\_\_\_

If not postmenopausal, when was the date of your last period? \_\_\_\_\_

How many times have you been pregnant? (Including miscarriages or terminations) \_\_\_\_\_

How many were delivered full term? (36-40 weeks) \_\_\_\_\_

How many were preterm? (20-35 weeks) \_\_\_\_\_

How many terminations? \_\_\_\_\_

How many miscarriages? \_\_\_\_\_

How many were ectopic pregnancies? \_\_\_\_\_

How many multiple pregnancies?(ex:1 pregnancy with twins) \_\_\_\_\_

How many are living? \_\_\_\_\_

**Social History:**

Did you ever smoke cigarettes or use tobacco products?

If yes, are you a current smoker?

Date of last Colonoscopy: \_\_\_\_\_ normal?

Last Bone Density Scan: \_\_\_\_\_ normal

Last Mammogram: \_\_\_\_\_ normal?

Last Pap Test: \_\_\_\_\_ normal?