

# Women's Health History Assessment Sheet

## Personal Information

Full Name

Date of Birth

Age

Contact Number

Email Address

Address

## Medical History

Known Medical Conditions

Allergies

Current Medications

## Gynecological History

Age at First Period (Menarche)

Date of Last Menstrual Period

Average Cycle Length (days)

[Redacted]

Menstrual Issues (pain, irregularity, etc.)

[Redacted]

Current Contraception

[Redacted]

### **Obstetric History**

No. of Pregnancies (Gravida)

[Redacted]

No. of Births (Para)

[Redacted]

Miscarriages/Abortions

[Redacted]

Complications During Pregnancy

[Redacted]

Children's Ages

[Redacted]

### **Family History**

Relevant Family Medical History

[Redacted]

### **Lifestyle**

Smoking

Select

Alcohol Consumption

Select

Exercise Habits

[Redacted]

### **Other Notes**

