

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)

Menstrual Issues (pain, irregularity, etc.)

Current Contraception

Obstetric History

No. of Pregnancies (Gravida)

No. of Births (Para)

Miscarriages/Abortions

Complications During Pregnancy

Children's Ages

Family History

Relevant Family Medical History

Lifestyle

Smoking

Alcohol Consumption

Exercise Habits

Other Notes

