Wellesley Women's Care, P.C. **Annual Exam Health Questionnaire**

This form is to help us better understand you as our patient, feel free to skip any questions that do not pertain to you.

Legal Last Name:	Legal First Name:	Date Of Birth (mm/dd/yyyy)
How would you like our staff to refer to you?	Preferred Name:	Pronouns:

Would you like a chaperone for this visit?	**No**	**Yes**
How would you best describe your gender?		
How would you best describe your sexual orientation?		

Obstetrical History

How many pregnancies have you had, if any ?	
How many living children?	

Gynecological History

Last menstrual Period	Average Cycle Length (# of days bleeding)	Any changes to your period since your last visit? If yes, please explain below

Please list any changes to or NEW medications, if any:

Preferred Pharmacy:

Name:	Location:

Please list any new medical problems or surgeries since your last visit:

Please list any new medical problems with any family members:

Social History

Marital Status	Married	Partnered	Single	Divorced	Other
Are you sexually active?				NO	YES
Are you using contraception?				NO	YES
If Yes, What form:					

Do you smoke?	NO	YES
If no, have you ever smoked?	NO	YES

Do you use recreational drugs?	NO	YES
Have any family, friends		
Do you drink alcohol?	NO	YES
If yes, how many drinks per week?		
Do you Exercise?	NO	YES
If Yes, describe		

Personal Safety – We routinely ask patients about their safety because abuse can have a serious impact on health and well-being.

Who lives with you?		
Are you currently in or in the past 12 months, been in a relationship with a person who physically hurts, threatens, or tries to control you?	NO	YES
Has anyone else in your life physically hurt, threatened, or tried to control you?	NO	YES
Are you denied basic needs such as food, clothing, or medical care?	NO	YES

Problems or Questions

Please list anything you would like to address with your provider in as much detail as possible:

Reminder **

You are now able to log in to your Patient Gateway portal and schedule your NEXT ANNUAL yourself !

Do it today!