Erika Weshinskey, Lic. Ac. 304-535-9999

**Gynecology Intake Form**

**Name:** _____ **Date:** _____

Age of first period: _____ # days bleeding total: _____
Date of last period: _____ # days spotting: Before_____ After _____
# days between periods: _____
Irregular bleeding (please describe, e.g. starts and stops)
_____
_____

**Previous Medical Diagnoses:** _____
**OB-GYN Surgeries:** _____
**Medications (amount) used for GYN issues:** _____

**Period-** please circle all that apply
**Flow amount:** heavy medium scanty
**Color of menses:** bright red dark red pale red red light purple dark purple brown black
**Consistency:** thin watery dry think sticky normal other: _____
**Clots:** **Number:** none few many
**Size:** small medium large
**Color:** fresh red dark red pale red blue purple black other_____

**Period pain-** please circle all that apply
**When:** before period during period after period mid-cycle/ovulation
# of days in pain each cycle _____
**Quality:** dull sharp stabbing cramping burning sore distending heavy empty dragging
Other _____
**Intensity level:** 0-10_____0=low 10=high
**Location:** low abdomen groin ribs back legs
**Reduced by:** warmth cold rest pressure
**Made worse by:** warmth cold movement pressure

**PMS Symptoms-** please circle all that apply
**Mental/Emotional PMS Symptoms:**

| | | | |
|---|---|---|---|
| moodiness | irritability | anxiety | forgetfulness |
| depression | restlessness | clumsiness | insomnia |
| sadness | aggressiveness | decreased motivation | excess dreaming |
| crying | outbursts of anger | poor concentration | |

**Physical PMS Symptoms:**

| | | | |
|---|---|---|---|
| tiredness | skin eruptions/pimples | nausea | feel warmer |
| headaches | itching | vomiting | feel colder |
| dizziness | food cravings | breast distention/pain | constipation |
| edema | abdominal distension | breast lumps | diarrhea |

**History of –** please circle all that apply

**Urinary tract infections:** how often _____ last occurrence _____

**Yeast infections:** how often _____ last occurrence _____

**Vaginal discharge:** how often_____ last occurrence _____

**Color:** clear white yellow reddish greenish

**Consistency:** watery thick dry

**Smelly:** yes no

**Sexually transmitted disease (STD):** _____

**Reproductive history:**

# of pregnancies _____ # of live births _____ # of miscarriages _____

Cesarean births _____ Vaginal births _____ # of abortions _____

Age of children _____

Contraceptive pill/birth control (what kind): _____ Age used: _____

Hormone replacement therapy (what kind): _____ Age used: _____