Addendum to Medical Summary

Name: Date of Birth: Age: Gender: Male Female Height: Weight: Blood Type (If Known): Reason for Consultation: Referring Physician:

# Medications:

Please list all medications with strengths and doses; and frequency, include prescription and over the counter medications, including aspirin, Motrin and Advil.

Medication Name: Dosage:

Herbal / Natural Supplement: Dosage:

# Gynecologic History:

What age did your periods start? What age did your periods stop or currently premenopausal?

How many times have you been pregnant? How many live births have you had? What age were you at your 1st live birth? Are you currently pregnant?

Have you ever used birth control pills? Yes No If so, for how many years?

Have you ever used any hormone replacements? Yes No If so, for how many years?

Have you ever been involved in any fertility treatments? Yes No Clomid Injectable If so, how many cycles:

Have you ever had a breast biopsy? Yes No If yes, were the cells ever found to be atypical, premalignant or abnormal in any way? Yes No

## Are you a current tobacco user?

Never

Yes How many packs per day? For how long?

Quit How long ago? How many packs did you smoke per day? For how long?

## What is your current alcohol intake?

Never Socially, 1 – 3 drinks per week Daily Mild Consumption, 1 drink daily

Daily Moderate Consumption, 2 – 3 drinks daily Daily Large Consumption, 3 or drinks daily

History of Alcoholism Other