



# Yavagal Urogynecology

Sujata Yavagal, MD

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**1. What symptoms brought you to the office today?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Current Medications**


**3. Medical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Gyn Hx: Last Menstrual Period: \_\_\_\_\_, First Period: \_\_\_\_\_**

Test	Year	Result
Pap		
Mammogram		
Colonoscopy		
Bone Density scan		

Gardasil: \_\_\_\_\_ Birth control Method: \_\_\_\_\_ Sexually active: Yes/ No

**6. Ob History: G\_\_P\_\_**

Total pregnancies: \_\_\_\_ Deliveries \_\_\_\_ Abortions \_\_\_\_ Ectopics \_\_\_\_

**7. Surgical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**8. Family History : Medical Problems such as Diabetes, Hypertension, Cancer etc.**

Mother		Maternal Grandfather	
Father		Maternal Grandmother	
Sister		Paternal Grandfather	
Brother		Paternal Grandmother	

**9. Social History**

Smoking: \_\_\_\_\_

Drugs: \_\_\_\_\_

Alcohol: \_\_\_\_\_

Domestic Violence: \_\_\_\_\_

**Review of Symptoms**

<b>Constitutional</b>	<b>Yes</b>	<b>No</b>	<b>Gastrointestinal</b>	<b>Yes</b>	<b>No</b>
Weight change			Constipation		
Fatigue			Diarrhea		
Fever			Vomiting		
			Heartburn		
<b>Eyes</b>			Rectal bleeding		
Glaucoma			Incontinence of stool		
Blurred vision					
Visual changes			<b>Genitourinary</b>		
			Painful urination		
<b>Neurology</b>			Blood in urine		
Seizures			Leakage of urine		
Dizziness			Frequent urination		
Tremors			Difficulty urination		
Numbness/Tingling					
			<b>Respiratory</b>		
<b>Endocrine</b>			Asthma		
Excess thirst			COPD		
Dry skin			Shortness of breath		
Thyroid disease			Chronic cough		
Diabetes			Snoring		
<b>Skin</b>			<b>Hematology</b>		
Rash			Frequent bruising		
Cancer			Blood clots in veins		
Growth					
			<b>Psychiatry</b>		
<b>Breast symptoms</b>			Anxiety		
			Depression		
<b>Musculoskeletal</b>			Other psychiatry		
Back pain			diagnosis		
Joint pain					
Arthritis			<b>Ear Nose and Throat</b>		
Weakness			Ear/Sinus infections		
Osteoporosis			Hearing problem		

Signature of the patient: \_\_\_\_\_