

# Charles A. Safely, M.D.

1252 Harwood Road  
Bedford, Texas 76021  
(817)284-1496

## PATIENT UPDATE/PROBLEM LIST

Patient's Name: \_\_\_\_\_ Appt Date: \_\_\_\_\_

Reason for Appointment \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ /Age \_\_\_\_\_ Soc Security #: \_\_\_\_\_

1. First date of last menstrual cycle \_\_\_\_\_
2. Last Pap Smear: Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
3. Last Mammogram: Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
4. Last Dexa Scan: Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
5. Last Colonoscopy: Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
6. Drug Allergies/Reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Past Surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. All Chronic Medical Problems: (Example: Breast Disease, High Blood Pressure) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Tobacco Use: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how much? \_\_\_\_\_
10. Alcohol Use: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how much? \_\_\_\_\_
11. Recreational Drug Use: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what? \_\_\_\_\_
12. Do you exercise: Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_
13. List Current Prescriptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List Over The Counter Medications Taking Now \_\_\_\_\_
15. How much calcium do you take? \_\_\_\_\_
16. Current Contraception: Pills \_\_\_\_\_ Depoprovera \_\_\_\_\_ Tubal \_\_\_\_\_
17. Condom \_\_\_\_\_ Partner had a vasectomy \_\_\_\_\_
18. How often do you change protection on the heaviest day? (menses) \_\_\_\_\_
19. Any pain with intercourse? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Satisfaction with sexual activity: Yes \_\_\_\_\_ No \_\_\_\_\_
21. Number of pregnancy \_\_\_\_\_ Number of live children \_\_\_\_\_  
Last Flu Shot \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_ Last Pneumovac \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician or Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_