

Charles A. Safely, M.D.

PATIENT PROBLEM UPDATE LIST

Patient's Name: _____ Appt Date: _____

Patients's Date of Birth _____ Age: _____

Reason for appointment: _____

First date of last menstrual cycle: _____ What age did you start menstrual cycle: _____

How long in between cycle: (Example: every 28 days): _____

How many days are your cycles: _____ How many days of heavy flow: _____

How often do you change protection on the heaviest flow day: _____

		MARK RESULTS	
	Date	Normal	Abnormal
Last Pap Smear			
Last Mammogram			
Last Bone Density			
Last Colonoscopy			

List Current Prescriptions: _____

List Over The Counter Medications Taking Now: _____

Drug Allergies/Reactions: _____

Past Surgeries: _____

All Chronic Medical Problems: (Example: Breast Disease, High Blood Pressure)

Tobacco Use: Yes: _____ No: _____ If yes how much? _____

Alcohol Use: Yes: _____ No: _____ If yes how much? _____

Recreational Drug Use: Yes: _____ No: _____ If yes what? _____

Do you exercise: Yes: _____ No: _____ How often? _____

How much calcium do you take? _____

Current Contraception Method: Pills _____ Depoprovera _____ Tubal _____ Condom _____ Vasectomy _____

Nexplanon _____ IUD: Mirena _____ Kyleena _____ Skyla _____

Any pain with intercourse? Yes _____ No _____ Any pain with intercourse? Yes _____ No _____

Satisfaction with sexual activity: Yes _____ No _____

Number of total pregnancies _____ Number of live births _____ Number of miscarriages _____

Last Flu Shot _____ Last Tetanus Shot _____ Last Pneumovac _____