	P
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	Lab
	Ref

Chapel Hill Gynecology

Annual Update Form

Name: _____ Date of birth: _____ Age: _____

Primary care physician: _____ Specialists: _____

What is the reason for your visit today? _____

Preferred pharmacy: name _____ location _____

Sexual history

Are you sexually active with: ☐1 partner ☐ multiple partners ☐men ☐ women ☐ men and women ☐ none

What do you use for birth control? ☐partner has vasectomy ☐ birth control pills ☐condoms ☐IUD ☐tubal ☐NuvaRing ☐ implant ☐ diaphragm ☐ Depo-Provera ☐ Nothing

Do you wish to be screened for sexually transmitted infections? ☐ Yes ☐ No

Have you been physically hurt by your partner or ex-partner? ☐ Yes ☐ No

Have you been emotionally abused by your partner or ex-partner? ☐ Yes ☐ No

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	Over half the days	Nearly every day
Little interest or pleasure in doing things	☐ 0	☐ 1	☐ 2	☐ 3
Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3

At this time, do you have any of the following symptoms? Please check all that apply.

General
- ☐ Hot flashes
- ☐ Night sweats
- ☐ Unusual fatigue

Eye/ear/nose/throat
- ☐ Hearing loss
- ☐ Sinus pressure

Respiratory
- ☐ Cough
- ☐ Shortness of breath
- ☐ Wheezing

Cardiovascular
- ☐ Chest pain
- ☐ Heart palpitations
- ☐ Swelling of legs

Gastrointestinal
- ☐ Abdominal pain
- ☐ Constipation
- ☐ Diarrhea
- ☐ Heartburn
- ☐ Nausea and vomiting

Genitourinary
- ☐ Blood in urine
- ☐ Urinary incontinence

Reproductive
- ☐ Vaginal dryness
- ☐ Pain with sex
- ☐ Low libido
- ☐ Vaginal discharge
- ☐ Irregular periods
- ☐ Heavy periods
- ☐ Menstrual cramps

Breast
- ☐ Breast pain
- ☐ Breast lumps
- ☐ Nipple discharge

Dermatologic
- ☐ Rash
- ☐ Changes in moles

Neurological
- ☐ Headaches
- ☐ Seizures
- ☐ Memory loss

Mental health
- ☐ Anxiety
- ☐ Depression
- ☐ Insomnia
- ☐ Suicidal thoughts

Metabolic/endocrine
- ☐ Cold intolerance
- ☐ Heat intolerance
- ☐ Excessive thirst

Musculoskeletal
- ☐ Joint pain
- ☐ Joint swelling

Hematologic
- ☐ Easy bleeding
- ☐ Easy bruising
- ☐ Enlarged lymph nodes

Immunologic
- ☐ Environmental allergies
  - ☐ Pollen
  - ☐ other _____
- ☐ Food allergies
  - ☐ gluten
  - ☐ lactose
  - ☐ other_____

Dates of vaccinations

Flu shot _____ Tetanus/Tdap _____ Pneumonia _____ Shingles _____