

URMC MIDWIFERY GROUP
ANNUAL EXAM HEALTH UPDATE

Date: ____/____/____
Time: _____

Welcome Back! Please fill in this side of the page.

Name: _____ DOB: ____/____/____

Address: _____

Phone number(s): (H) _____ (W) _____ (Cell) _____

Current occupation: _____

Describe changes in your living arrangements, significant other or family situation: _____

PCP: _____ Number of pregnancies: _____ Number of children: _____

CONCERNS YOU WOULD LIKE TO DISCUSS TODAY: _____

Do you want to be tested today for: HIV/AIDS? ☐ Yes ☐ No Sexually transmitted diseases? ☐ Yes ☐ No

List All Current Medications/ Vitamins/ Supplements:	
_____	_____
_____	_____
_____	_____
LIST ALL DRUG ALLERGIES _____	ALLERGIC TO LATEX? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of last menstrual period: ____/____/____ How often do you have a menstrual period? _____

List any menstrual problems? _____

Are you having sexual relations? ☐ Yes ☐ No New Partner? ☐ Yes ☐ No Male? Female? Both?

Current Birth Control Method: ☐ Pills ☐ IUD ☐ Condoms ☐ Patch ☐ Ring ☐ Sterilization ☐ Vasectomy

Do you have any pain? ☐ Yes ☐ No If so, where? _____

New medical problems since your last visit:	Any surgery or medical procedures since your last visit:
_____	_____
_____	_____
_____	_____
_____	_____

Were any of your blood relatives diagnosed with a new major illness this year? ☐ Yes ☐ No

Describe: _____

Do you smoke: cigarettes? ☐ Yes ☐ No

marijuana? ☐ Yes ☐ No

Do you use drugs? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

Frequency: _____

How do you get exercise: _____

Do you follow a special diet? ☐ Yes ☐ No

Type: _____

Do you wear seat belts? ☐ Yes ☐ No

Date last dental exam? _____

Please Tell Us When You Had Your Last:

Pap smear: _____

Mammogram: _____

Colonoscopy: _____

Flu shot _____

Tetanus shot _____

Have You Been Tested For:

Cholesterol: ☐ No ☐ Yes, Year: _____

Diabetes: ☐ No ☐ Yes, Year: _____

Thyroid: ☐ No ☐ Yes, Year: _____

Have you completed the Hepatitis B vaccine? ☐ Yes ☐ No

Have you completed the HPV vaccine? ☐ Yes ☐ No