

ANNUAL HEALTH UPDATE

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Date _____ Age _____

Name: _____

Menstrual History First Day of Last Menstrual Period _____

No Periods (skip to next section)

How often do you get your period? _____ Regular Irregular

Days of flow _____

Amount of flow Light Average Heavy

Cramps None Mild Moderate Severe

PMS None Mild Moderate Severe

Sexual History

Are you currently sexually active? Yes No

Have you been abused or forced into sexual behavior? Yes No

Do you have bleeding with intercourse? Yes No

Do you have pain with intercourse? Yes No

Have you been exposed to AIDS, hepatitis, or other sexually transmitted diseases? Yes No

Contraceptive Method _____

Current Medications/Vitamins/Herbs:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Drug Allergies/Sensitivities:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Health History Since Last Visit No Change 99213: O/PFSH 99214: AT LEAST 1 PFSH

Immunizations _____

Medical _____

Surgery _____

Injuries _____

Family History No Change since last visit

Social History No Change since last visit

Do you smoke? _____

Alcohol use per week _____

Exercise frequency per week _____

Marital Status: M W D S

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Chief Complaint:

Here for annual exam

Other reason. Please describe problem _____

Review of Systems: Please check if you have:

1. Breast pain Breast lump Nipple discharge None of these
2. Bleeding between periods Vaginal discharge Pain with urination
 Frequent urination Urination leakage None of these

Signed by Patient

Signed by MD/PA

SPACE BELOW FOR PROVIDERS

HPI 1.4(+) elements.

(Location, quality, severity, duration, timing, modifiers, assocx.)

OR

2. Status of 3(+) chronic or inactive conditions

(e.g. weight, eyeglass change, arthritis, back, skin, problems, RX change, other)

Physical exam and impression - See dictation _____

THIS AREA FOR NURSING NOTES

Vital Signs (Record \geq 3) Date of last visit _____

Ht _____ Wt _____ BP _____ T _____

P _____ R _____ U/A Glucose _____ Blood _____

WBC _____ Protein _____