

FOR WOMEN ONLY:

Age of first period _____
Periods are regular or irregular _____
How many days between periods _____
How long is each period _____
Date of Start of Last Menstrual Period _____
Number of pregnancies _____
 Complications _____
Number of live births _____
 Complications _____
Number of miscarriages _____
Types of birth control used: _____
Type using now: _____

Discharge from nipple of breast
 Mother used DES
Pain or cramps with periods
 heavy moderate light
Blood flow with periods
 heavy moderate light
Pain or bleeding with intercourse _____
Have you gone or are you going through
the change of life? Date of last menses _____
Complications _____

FOR MEN ONLY:

Lumps in testicles
 Genital or prostate trouble

Problems with sexual response

DESCRIBE BRIEFLY YOUR PRESENT PROBLEM:
