

Name _____ Date _____

Women Only

Men Only

Past	Current	Problems with Breasts	Past	Current	Prostate Problems
		Vaginal Itch/Discharge			Impotence
		Painful Intercourse			Swollen or Painful Testicle
		Take Birth Control Pills			Discharge
		Irregular Cycles/Bleeding			
		Hot Flashes			
		Difficulty Conceiving			
		Age of First Period			
		# of Pregnancies			
		# of Miscarriages			
		# of Abortions			
		Passed Menopause at Age			
		Date/Onset of last period:			
		# of Days between cycles:			

Family History:

Relationship	Age, if Living	Age, at Death	State Health Problems or Cause of Death
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers	_____	_____	_____
Sisters	_____	_____	_____
Grandfather	_____	_____	_____
Grandfather	_____	_____	_____
Grandmother	_____	_____	_____
Grandmother	_____	_____	_____