



Patient history form:

These questions may seem random but will help us choose the right treatment for you.

Who is your regular family doctor? _____

How many pregnancies have you had? _____

How many live births have you had? _____

When was your last period? _____

How are your periods usually? Crampy/heavy/etc? _____

What types of birth control have you tried or used before? _____

Why do you want to change? _____

Height? _____ Weight? _____

When are you planning to have your next baby? _____

Have you struggled with acne? _____

Have you had painful ovarian cysts? _____

Have you had any abdominal or pelvic surgery? _____

How is your general health? _____

Do you have any chronic diseases? _____

Do you get migraines? _____ If yes, how often? _____

Do you or any direct family members have a history of blood clots like pulmonary embolism, DVT or recurrent miscarriages? _____

Do you take any prescription medications every day? _____

Any allergies or medication intolerances? _____

Have you had breast cancer? _____

Do you have PMS (bad moods before your periods)? _____

When was your last pap smear or STI testing done? _____

What would be your choice of an IUCD: Mirena or Kyleena or Copper or Nexplanon implant