



Sandy B. Goodman, M.D.
 Betsy McCormick, M.D.
 Samuel Tarantino, M.D.
 Timothy R. Yeko, M.D.

Diplomates American Board
 Obstetrics and Gynecology
 Subspecialty Certified
 Reproductive Endocrinology
 and Infertility

INTERVAL GYNECOLOGIC HISTORY

In order to provide you with more effective medical care, we need information about your recent medical history. These questions will be an important contribution to your overall health care.

The reason for your visit today is: _____ . If you have not begun to menstruate, are past menopause, or have had a hysterectomy, skip to question 11.

1. Please indicate current method of contraception _____.
2. Last menstrual period began _____ Previous period began _____.
3. How long is it from start of one period until the start of the next?
 _____ days _____ weeks _____ months
4. Write the number of tampons/napkins used during a menstrual period.
 _____ tampons _____ napkins _____ regular and/or _____ super
5. How long do your periods last? _____ days
6. Do your periods occur at regular intervals? Yes No
7. Do you skip periods? Yes No
8. Do you bleed or spot in between periods? Yes No
9. During or between periods do you have pain in your pelvis, back, abdomen, or legs? Yes No
10. Are your periods heavier than usual? Heavier Lighter..... Yes No
11. Do you have bleeding after intercourse? Yes No
12. Any unusual vaginal discharge, itching, or odor? Yes No
13. Any pain with intercourse? Yes No
14. Do you lose urine when you exercise, cough or sneeze? Yes No
15. Any increased urinary frequency, burning or other urinary problems since your last visit? ... Yes No
16. Are there any other gynecologic or non-gynecologic problems you would like to discuss? ... Yes No

If yes, please describe:

17. Please note any changes to any of the information below:

- a. Patient Name: _____ Phone: _____
- b. Address: _____
- c. Medical Insurance _____
- d. Employment _____

Patient Signature: _____ Today's Date: _____

Print Patient Name: _____ Account Number: _____

5245 East Fletcher Avenue, Suite 1
 Tampa, FL 33617
 Phone: 813.914.7304
 Fax: 813.914.7314

612 Medical Care Drive
 Brandon, FL 33511
 Phone: 813.661.9114
 Fax: 813.661.8337

2919 Swann Avenue, Suite 305
 Tampa, FL 33609
 Phone: 813.870.3553
 Fax: 813.872.8727

Reply to:
 3165 McMullen Booth Road, F-2
 Clearwater, FL 33761
 Phone: 727.724.0702
 Fax: 727.724.1923