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Gynecology Intake Form

Name: _____ Date: _____

Age of first period: _____ # days bleeding total: _____

Date of last period: _____ # days spotting: Before _____ After _____

days between periods: _____

Irregular bleeding (please describe, e.g. starts and stops)

Previous Medical Diagnoses: _____

OB-GYN Surgeries: _____

Medications (amount) used for GYN issues: _____

Period- please circle all that apply

Flow amount: heavy medium scanty

Color of menses: bright red dark red pale red red light purple dark purple brown black

Consistency: thin watery dry thick sticky normal other: _____

Clots: Number: none few many

Size: small medium large

Color: fresh red dark red pale red blue purple black other _____

Period pain- please circle all that apply

When: before period during period after period mid-cycle/ovulation

of days in pain each cycle _____

Quality: dull sharp stabbing cramping burning sore distending heavy empty dragging

Other _____

Intensity level: 0-10 _____ 0=low 10=high

Location: low abdomen groin ribs back legs

Reduced by: warmth cold rest pressure

Made worse by: warmth cold movement pressure

PMS Symptoms- please circle all that apply

Mental/Emotional PMS Symptoms:

| | | | |
|------------|--------------------|----------------------|-----------------|
| moodiness | irritability | anxiety | forgetfulness |
| depression | restlessness | clumsiness | insomnia |
| sadness | aggressiveness | decreased motivation | excess dreaming |
| crying | outbursts of anger | poor concentration | |

Physical PMS Symptoms:

| | | | |
|-----------|------------------------|------------------------|--------------|
| tiredness | skin eruptions/pimples | nausea | feel warmer |
| headaches | itching | vomiting | feel colder |
| dizziness | food cravings | breast distention/pain | constipation |
| edema | abdominal distension | breast lumps | diarrhea |

History of - please circle all that apply

Urinary tract infections: how often _____ last occurrence _____

Yeast infections: how often _____ last occurrence _____

Vaginal discharge: how often _____ last occurrence _____

Color: clear white yellow reddish greenish

Consistency: watery thick dry

Smelly: yes no

Sexually transmitted disease (STD): _____

Reproductive history:

of pregnancies _____ # of live births _____ # of miscarriages _____

Cesarean births _____ Vaginal births _____ # of abortions _____

Age of children _____

Contraceptive pill/birth control (what kind): _____ Age used: _____

Hormone replacement therapy (what kind): _____ Age used: _____