



Dear Patient

Welcome to our surgery!

In order for us to respond and accommodate your needs or wishes, please answer the following questions:

1. Surname, Forename _____ Date of Birth _____ / _____ / _____ Marital status _____ Profession _____

2. What is the reason for your visit? Are you currently experiencing any unusual pain or symptoms?

3. When was the first day of your last menstruation? _____

4. Is your menstrual cycle regular? If it is not regular, what is your approximate average cycle length? _____

5. Do you take or are you on any contraception? If so, please indicate which one: _____

6. Are you receiving any medical treatment from your doctor/prescribed medication? (If yes, please state the dosage of any medication/tablets) _____

7. Do you have children? If yes, when were they born? _____

8. Have you had any other pregnancies? (Abortion etc.) _____

9. Have you ever received surgical treatment? If yes, which operation have you had and when?

10. Do you have any internal diseases, for example, high blood pressure or diabetes? _____

11. Do you have any allergies? If yes, please give details here: _____

12. Have you ever received a vaccination against rubella or chicken pox? _____

13. Did you ever have an infection as a child? If yes, please state: _____

14. Have you ever received a vaccination against cervical cancer? _____

15. Is there history of any cardiovascular diseases or cancer in your family? If yes, please give details here:

16. Do you smoke? If yes, how many cigarettes per day? _____

17. What is your height and weight? _____ cm/ ft _____ kg/ lbs/ stone

THANK YOU IN ADVANCE!