STANLEY H. SCHWARTZ, MD INC.

Moreno Valley – Banning/Beaumont – Riverside

PATIENT'S NAME (Last, First Middle)	DATE OF BIRTH	TODAY'S DATE

NEW PATIENT and ANNUAL HEALTH EXAM QUESTIONNAIRE FOR WOMEN

PERSONAL MEDICAL HISTORY:

Diabetes	☐ YES
Cancer	☐ YES
High Blood Pressure	☐ YES
High Cholesterol	☐ YES
Abnormal Pap test	☐ YES
STD/VD	☐ YES
Migraines	☐ YES
Depression	☐ YES
Thyroid Disorder	☐ YES
Osteoporosis	☐ YES
Blood Clots	☐ YES
Surgeries	☐ YES

List Prescription Meds and dosages:

Non-Prescription Meds/Vitamins:

Drug allergies?: (list)

WHEN WAS YOUR LAST:

Pap smear?

☐ Normal ☐ Abnormal

Mammogram?

☐ Normal ☐ Abnormal

Cholesterol test?

Tetanus Vaccine?

Flu shot?

Pneumonia shot?

HPV (cervical CA) vaccine?

Dental check-up?

Eye exam?

Colonoscopy?

Bone density test?

FAMILY HISTORY:

Do you have a parent, sibling or child with:

Breast cancer?	☐ YES
Ovarian cancer?	☐ YES
Colon cancer?	☐ YES
Other cancer?	☐ YES
Diabetes?	☐ YES
High blood pressure?	☐ YES
Heart attack or Stroke?	☐ YES
Osteoporosis?	☐ YES

HABITS/PREVENTION/SAFETY:

Do you exercise?	☐ YES
Activity:	
Current cigarette smoker?	☐ YES
Avg # cigarettes per day?	
Former cigarette smoker?	☐ YES
Do you drink alcohol?	☐ YES
When did you last have more than 4 drinks in one day?	☐ YES
Have you ever felt you should cut down on drinking	☐ YES
Do people annoy you by nagging about your drinking	☐ YES
Have you ever felt guilty about drinking?	☐ YES
Have you ever had a morning drink to steady your nerves?	☐ YES
Have you used recreational drugs in the last 3 years?	☐ YES
---Drugs with **needles**?	☐ YES
Have you had any falls?	☐ YES
Do you wear seatbelts?	☐ YES
Does your house have a working **smoke detector**?	☐ YES
Do you have **firearms**?	☐ YES
Do you experience **conflicts** in your relationships handled by pushing, hitting or cruelty?	☐ YES

REPRODUCTIVE HEALTH:

Date of last menstrual period	
Number of pregnancies:	
# of miscarriages:	
# of abortions:	
# of children:	
# sexual partners in past year:	
Current birth control method:	
Other methods used in past:	
Age at menopause:	
Have you used estrogen?	☐ YES

REVIEW OF YOUR BODY:

Do you now have any of the following?

Change in weight?	☐ YES
Eczema or psoriasis?	☐ YES
New or changing mole?	☐ YES
Vision changes?	☐ YES
Sinus problems?	☐ YES
Hearing problems?	☐ YES
Sneezing or runny nose?	☐ YES
Frequent headaches?	☐ YES
Fainting spells?	☐ YES
Weakness or numbness?	☐ YES
Difficulty walking?	☐ YES
Difficulty sleeping?	☐ YES
Feeling down, depressed or hopeless in the past month?	☐ YES
Feeling little interest or pleasure in things the past month?	☐ YES
History of Psychiatry care?	☐ YES
Asthma or wheezing?	☐ YES
Cough?	☐ YES
Breathing difficulty?	☐ YES
Chest pains?	☐ YES
Heart murmur?	☐ YES

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Do you now have any of the following?

Racing heart?	☐ YES
Abdominal pain?	☐ YES
Swelling of hands or feet?	☐ YES
Heartburn/Acid Reflux?	☐ YES
Acid reflux?	☐ YES
Constipation?	☐ YES
Diarrhea?	☐ YES
Blood in stool?	☐ YES
Burning/painful urination?	☐ YES
Leakage of urine?	☐ YES
Increased urination?	☐ YES
Bleeding between periods or after menopause?	☐ YES
Change in vaginal discharge?	☐ YES
Painful intercourse?	☐ YES
Vaginal dryness?	☐ YES
Hot flashes?	☐ YES
Mood swings?	☐ YES
Lack of interest or loss of enjoyment with sexual intercourse?	☐ YES
Breast lump or discharge?	☐ YES
Joint pain or swelling?	☐ YES
Easy bruising?	☐ YES

If you are scheduled for a Physical Exam/Women's Health exam today:

The focus of your Annual Physical/ Preventive Health Visit is on maintaining health and preventing problems. You may have concerns or problems you'd like to address that are unrelated to the Preventive Health focus of today's visit, or new medical issues may be identified during your visit. If time permits, your doctor may be able to address additional issues during today's visit. (*see below) If you have multiple concerns, complicated issues or new problems requiring additional evaluation, your doctor may suggest scheduling additional visit(s) in order to address these issues, or may address these issues today and suggest rescheduling your Preventive Health visit.

Please list any additional issues you have today:

*We are required to code procedures and diagnosis's based on the services you received. Appointments addressing both Physical Exams and medical problems often result in billing for both services. Depending on your insurance coverage, some or all of the cost may be billed to you. We cannot change the coding later to cause the insurance company to pay for a non-covered service.

Thank you for completing this annual questionnaire.

Patient Signature: _____ Date: _____

Provider Review/Notes: