

Women Specialists of Katy

Annual Update

Please take a moment to answer the following questions about your health.

Last Period (date) _____

Current Contraception

- Pills/Ring/Patch/Shot Permanent Sterilization (you/spouse)
 IUD None

Breast Exam Frequency

- Monthly Occasionally Rarely Never

Exercise Frequency (weekly)

- 0-2 1-3 3-5

Calcium Intake (daily)

- None In my vitamin 1000 mg

Smoking Frequency (daily)

- Never 1-5 cigarettes ½-1 pack >1 pack

Last tetanus shot _____

ANNUAL REVIEW OF SYSTEMS

NAME: _____

DATE: _____

Thank you for taking the time to answer these questions

Most insurance companies require this information to be updated at every visit.

Please check any symptoms which you are currently experiencing

Constitutional

- Fever
- Chills
- Sweats
- Weight gain or loss
- Weakness
- Fatigue

Eyes

- Change in vision
- Blurry vision
- Spots before eyes

Head, Ears, Nose, Throat

- Headache
- Change in hearing
- Nose bleeds
- Sore throat
- Dry mouth

Cardiovascular

- Dizziness
- Shortness of breath
- Chest pains
- Fainting
- Palpitations

Respiratory

- Cough
- Wheezing

Gastrointestinal

- Abdominal pain
- Nausea, vomiting
- Constipation/diarrhea
- Change in appetite
- Indigestion

Hematologic/Lymphatic

- Swollen lymph nodes
- Easy bruising or bleeding

Musculoskeletal

- Back pain
- Joint pain or stiffness

Skin/Hair

- Abnormal moles
- Hair loss
- Abnormal hair growth

Neurologic/Psychiatric

- Memory loss
- Depression
- Anxiety
- Mood swings
- Numbness or tingling

Urinary

- Painful urination
- Frequent urination
- Urinary urgency
- Urinary incontinence
- Blood in urine

Endocrine

- Weight change
- Excessive thirst
- Excessive urination
- Cold or heat intolerance

Gynecologic

- Pelvic pain
- Pain with intercourse
- Bleeding with intercourse
- Unusual vaginal discharge
- Itching or burning
- Change in sex drive
- Menopausal symptoms
- Heavy or painful periods
- Irregular periods

Breast

- Breast lumps
- Nipple discharge
- Breast pain

Returning patients only, please answer the following questions:

Have you had any serious illnesses, operations or hospitalizations since your last visit?

Have you discovered any additional information about your family history that we should know?

Have you changed any habits (smoking, drinking etc.) or occupation since your last visit?

Please list all current medications and doses including herbals and vitamins

Please list any current allergies
