

SIERRA HEMATOLOGY & ONCOLOGY
Medical Center, a Professional Corporation

FOR FEMALE PATIENTS ONLY

Full Name: _____ Date of Birth: ___/___/___ Today's Date: _____

Ob/Gyn History

Menses Details

Age of first menses: _____ Last menstrual period: _____

Typical menstrual cycle length: _____

Pregnancy Details

Currently pregnant: Yes No Unsure

Desire for fertility: Yes No Unsure

Number of term births: _____ Age at first live birth: _____

Number of Pre-term births: _____ Number of living children: _____

History of breast feeding: Yes No Unsure

Menopause Information

Menopause status: Premenopausal Perimenopausal Postmenopausal

Postmenopausal hormonal therapy: Yes No

Ob/Gyn Medical History

Contraceptive hormonal use: Yes No

Other contraceptive history: Initiation of IUD Initiation of other contraceptive measures

Other comments: