Northwoods Acupuncture & Wellness Center

(612) 600-5761

Womens Health History Form

All information provided is held strictly confidential. This form will not be released to a third party without your consent.

Today's Date **Name** **Birth Date** **Age**

GENERAL GYNECOLOGY:
check all that apply

- ☐ High Sexual Energy
- ☐ Low Sexual Energy
- ☐ Chronic Vaginal Discharge
- ☐ Common Yeast Infections
- ☐ Vaginal Dryness
- ☐ Breast Lumps / Nodules
- ☐ Mastitis
- ☐ Cysts
- ☐ Endometriosis
- ☐ Pelvic abnormalities / adhesions
- ☐ Fibroids
- ☐ Pelvic Inflammatory Disease (PID)
- ☐ STD's
- ☐ Abnormal Pap smear
- ☐ Uterine or Bladder Prolapse
- ☐ Others (please list below)

FEMALE REPRODUCTIVE:
check all that apply

- ☐ Irregular Cycles
- ☐ Breast Lumps / Tenderness
- ☐ Nipple Discharge
- ☐ Heavy Flow
- ☐ Vaginal Discharge
- ☐ Premenstrual Problems
- ☐ Clotting
- ☐ Bleeding Between Cycles
- ☐ Difficulty Conceiving
- ☐ Painful Periods ☐ Before Menses? ☐ During? ☐ After?
- ☐ Menopausal Symptoms (please list)

PMS:

check all that apply	*Before*	*During*	*After*
☐ Acne	☐	☐	☐
☐ Cramps	☐	☐	☐
☐ Backache	☐	☐	☐
☐ Breast Tenderness	☐	☐	☐
☐ Dizziness	☐	☐	☐
☐ Fatigue	☐	☐	☐
☐ Food Cravings	☐	☐	☐
☐ Insomnia	☐	☐	☐
☐ Irritability/Anger	☐	☐	☐
☐ Nausea	☐	☐	☐
☐ Night Sweats	☐	☐	☐
☐ Sadness / Weeping	☐	☐	☐
☐ Other	☐	☐	☐

MENSTRUATION:

Age at time of first menses:

# of Days of Menses

☐ Regular Cycle Days between cycles

☐ Irregular Cycle from to Days between cycles

Do you spot between periods?

Currently using Birth Control?

What type?

Birth Control in the past?

What types?

from to