Dr. Margarita Chudner, MD | OB/GYN

55 Brunswick Woods Dr, East Brunswick, NJ 08816 | 732-927-1224

Patient Information, Gynecologic & Obstetric History

PATIENT INFORMATION

Full name

Date of birth

Phone

Address

Email

Primary care provider

Pharmacy

Emergency contact / phone

Preferred language / interpreter needed

Reason for visit

GYNECOLOGIC & PREVENTIVE HISTORY

Last menstrual period

Age at first period

Cycle interval / bleeding days

Contraception

Last Pap / HPV test

Last mammogram

Last colonoscopy

Last bone density test

- ☐ Pregnant: Yes
- ☐ Pregnant: No
- ☐ Pregnant: Unsure
- ☐ Menopausal
- ☐ Sexually active
- ☐ Postmenopausal bleeding
- ☐ Abnormal Pap / HPV
- ☐ Cervical treatment / LEEP
- ☐ Fibroids
- ☐ Ovarian cysts
- ☐ Endometriosis
- ☐ Infertility
- ☐ Painful periods
- ☐ Heavy / irregular bleeding
- ☐ Pain with intercourse
- ☐ STI history

Abnormal Pap/HPV result, date and treatment

Other gynecologic concerns

PREGNANCY HISTORY

Total pregnancies

Term

Preterm

Miscarriages

Abortions

Living children

- ☐ Cesarean delivery
- ☐ Preeclampsia / high BP
- ☐ Gestational diabetes
- ☐ Preterm delivery
- ☐ Ectopic pregnancy
- ☐ Stillbirth
- ☐ Other pregnancy complications

Prior deliveries, dates and pregnancy complications

Please complete both pages. Return through an office-approved secure method.

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Medical, Family & Social History and Patient Acknowledgment

MEDICATIONS, ALLERGIES & MEDICAL HISTORY

Current medications, supplements and doses

Allergies: None / Yes / Unknown

Allergies and reactions (if any)

Surgeries / hospitalizations and dates

- ☐ Hypertension
- ☐ Heart disease
- ☐ Blood clot / DVT / PE
- ☐ Stroke / TIA
- ☐ Asthma / lung disease
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Osteoporosis
- ☐ Kidney disease / stones
- ☐ Recurrent UTI
- ☐ Liver / GI disease
- ☐ Migraines / seizures
- ☐ Depression / anxiety
- ☐ Cancer / breast disease
- ☐ PCOS / endometriosis
- ☐ Other chronic condition

Other conditions / details

FAMILY HISTORY & SOCIAL HISTORY

Family breast/ovarian/uterine/colon cancer: relative and age at diagnosis

Family blood clots / inherited disorders / other major illnesses

- ☐ Never smoked
- ☐ Former smoker
- ☐ Current smoker
- ☐ Alcohol use
- ☐ Recreational drugs
- ☐ Regular exercise
- ☐ Feel safe at home
- ☐ Discuss safety privately

Smoking, alcohol, or substance frequency (if applicable)

CURRENT SYMPTOMS - CHECK ALL THAT APPLY

- ☐ Fever / fatigue
- ☐ Weight changes
- ☐ Headache / vision
- ☐ Breast lump / pain
- ☐ Nipple discharge
- ☐ Chest pain / dyspnea
- ☐ Abdominal / pelvic pain
- ☐ Bowel changes
- ☐ Urinary frequency
- ☐ Burning urination
- ☐ Urinary leakage
- ☐ Blood in urine
- ☐ Heavy / irregular bleeding
- ☐ Postmenopausal bleeding
- ☐ Vaginal discharge / odor
- ☐ Vulvar itching / pain
- ☐ Pain with intercourse
- ☐ Hot flashes / sweats
- ☐ Vaginal dryness
- ☐ Mood / sleep changes

Symptoms, duration, and additional concerns

PATIENT ACKNOWLEDGMENT

I confirm that I have completed this medical history accurately to the best of my knowledge.

Patient signature (type full name)

Date