whc women's health clinic

MEDICAL HISTORY

Do you have any allergies? ☐ Yes ☐ No If yes, please list:_____

Has a doctor ever told you that you should not take anti-inflammatory medication? ☐ Yes ☐ No

Have you had any serious reactions to anesthesia? ☐ Yes ☐ No
If yes, please describe:_____

Do you take any medications? ☐ Yes ☐ No If yes, please list:_____

Have you had a Pap test? ☐ Yes ☐ No If yes, when:_____

Do you smoke? ☐ Yes ☐ No

Please check off any of the following conditions you currently have, or have had in the past

- ☐ Blood disorder(s)
- ☐ Anemia
- ☐ Blood clot leg, lung, brain
- ☐ High Blood Pressure
- ☐ Liver disease
- ☐ Kidney disease
- ☐ Other:_____
- ☐ Heart disease
- ☐ Diabetes
- ☐ Gall Bladder Issues
- ☐ Migraines
- ☐ Seizures
- ☐ Adrenal disease
- ☐ Stomach ulcer/Crohn's disease
- ☐ Depression
- ☐ Uterine irregularity
- ☐ IUD currently in place
- ☐ Asthma
- ☐ Currently taking Methadone

Please give details for those items you have checked:_____

_____

Family history

- ☐ Breast cancer before the age of 50
- ☐ Clotting disorder
- ☐ Bleeding disorder

Pregnancy History

Please enter the ***number of times*** you have experienced the following

Pregnancy	
Vaginal Birth	
C-Section	

Ectopic (tubal) pregnancy	
Miscarriage	

Abortion	
Other	

Please check off any of the following which apply ***during this pregnancy***

- ☐ Breastfeeding
- ☐ Vaginal bleeding
- ☐ Vomiting (how many times per day)

Please list any non-prescription drugs, recreational drugs, herbs and alcohol you have taken in the last 24 hours: _____

_____

Please list what you have had to eat and drink today, and what time you had them:

_____

_____

This section to be completed by Nurse

Contraceptive Eligibility

Client is eligible for:

☐ All contraception

The Following contraception options are excluded based on medical history:

☐ Hormonal (estrogen)
☐ Hormonal (progesterone)
☐ IUD
☐ Latex Condoms

Medication Abortion Eligibility

☐ **No contraindications in medical history for medication abortion**

☐ Eligible and interested in medication abortion
☐ Eligible but not interested in medication abortion
☐ Not eligible for medication abortion - having aspiraton abortion

Notes: _____

_____

_____

_____

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Reviewed by: RN _____ MD _____