Pope Paul VI Institute

NaProTECHNOLOGY

Gynecological History

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Last Pap:_____ LMP:_____

Date:_____ Height:_____ Weight_____ BP:_____

Name:_____ Age:____ G___ P___ P___ T___ SAB___ IAB___ LC___
Last First

Menarche: _____ Reg/irreg.: _____ Periods: _____ Cramps/pain (circle): mild mod. sev

If cramps mod./sev., describe further:_____ Pain score:_____

Occupation:_____ Marital status: M S W D

Husband's name:_____ Age:____ Occupation:_____
Last First

Length of marriage:_____ # of marriage (1,2,etc.): PT____ spouse____

Previous methods of contraception (type, dates of use):_____

Length of time no contracpetion:_____ Length of time no IUP:_____

Current Medical History

Unusual bleeding yes no Premenstrual spotting yes no (Y: # of days___) Tail-end brown bleedng yes no (Y: # of days___)
Intermenstrual bleeding yes no Rectal bleeding yes no Rectal pain yes no Dyspareunia yes no

Past Medical History

Past Surgical History

Allergy History:_____ **Exercise History:**_____

Medications: Previous:_____ Current:_____

Do you ever notice **mucus discharge**? yes no If yes, when?_____ How much?_____

Premenstrual symptoms: Do you have any of the following prior to your period:

Irritability y n Breast tenderness y n Bloating y n Weight gain y n CHO craving y n Teariness y n
Depression y n Headaches y n Fatigue y n Insomnia y n Other y n _____

How many days prior to your period do these symptoms start?_____

Optional

Tests

BBT:	yes	no _____		U/S:	yes	no _____	
Endo Bx:	yes	no _____		Dx lap.:	yes	no _____	
HSG:	yes	no _____		SFA:	yes	no _____	
Hormones	yes	no _____		Other:	yes	no _____	

Do you lose a lot of hair when you brush it?	yes	no	Do you like cold weather?	yes	no
Do you have brittle nails?	yes	no	What is your body temperature?	warm	cold
Do you have dry skin?	yes	no			

Other

Impression

- ☐ Adenomyosis (617.0)
- ☐ Amenorrhea (626.0)
- ☐ Anomaly—cervical mucus (628.4)
- ☐ Cervicitis & endocervicitis (616.0)
- ☐ Chronic endometritis (615.1)
- ☐ Dysfunctional uterine bleeding (626.8)
- ☐ Dysmenorrhea (625.3)
- ☐ Dyspareunia (625.0)
- ☐ Endocrine receptor disorder (259.9)
- ☐ Endometriosis (617.9)
- ☐ Eroision/ectropion of cervix (622.0)
- ☐ Fatigue, general (780.9)
- ☐ Habitual SAB (Hx of) (629.9)
- ☐ Hypersecretion—ovarian andro (256.1)
- ☐ Hypoth-pit-ov. dysfunction (258.8)
- ☐ Irregular menstrual cycle (626.4)
- ☐ Leiomymoma—fibroid uterine (218.9)
- ☐ Menorrhagia (626.2)
- ☐ Ovarian cyst (620.2)
- ☐ Pelvic pain—unspecified (625.9)
- ☐ Pelvic peritoneal adhesions (614.9)
- ☐ Persistent follicular cyst (620.2A)
- ☐ Persistent luteal cyst (620.2B)
- ☐ Polycystic ovaries (256.4)
- ☐ Polyp of endometrium (621.0)
- ☐ Premenstrual dysphoric disorder (625.4)
- ☐ Premenstrual tension syndrome (625.4)
- ☐ Thyroid disorder (V77.0)
- ☐ Other: _____

Plan

_____ CrMS
_____ PE: next visit _____ (weeks/months)
_____ Hormones _____
_____ OCE
_____ SFA
_____ Lap/hyst.—possible laser
- _____ with KTP
- _____ with LUNA
- _____ with cults.
- _____ with D&C

_____ SHSG
_____ HSG
_____ Pelvic U/S
_____ D&C, hysteroscopy

Other: _____

Physician's signature: _____ Date: _____