

Name_____

DOB_____

place patient label here

IGO

PATIENT HISTORY
UPDATE

IGO Medical Group, AMC

9339 Genesee Ave, Suites 200 & 220

San Diego, CA 92121

Phone: 858-455-7520

Fax: 858-554-1312

First Day of Last Menstrual Period ____/____/____ OR your age at Menopause _____

Method of Contraception (please circle):

Oral Contraceptive Pills IUD Implant NuvaRing Condoms Tubal Ligation Hysterectomy Vasectomy Menopause Nothing

Primary Care Physician _____

NEW GYN Concerns Since Last Visit:

NEW Medical Problems, Procedures or Surgeries (including cosmetic) Since Last Annual Exam:

NEW Family History or Family Conditions Since Last Visit:

Social, Substance and Sexuality:

Single ☐ Partnered ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Spouse/Partner Name _____

Employment? Yes ☐ No ☐ If yes, what is your occupation? _____

Do you exercise? Yes ☐ No ☐ Type / frequency _____

Tobacco use? Yes ☐ No ☐ Type _____

Alcohol use? Yes ☐ No ☐ ☐Monthly or less ☐2-3 times/month ☐2-3 times/week ☐>4 times/week

Drug use? Yes ☐ No ☐ Type _____

Do you engage in sex? Yes ☐ No ☐ ☐Steady Partner ☐Different Partners with: ☐Men ☐Women ☐Both

Do you have sexual concerns? Yes ☐ No ☐ Current sexual, emotional or physical abuse? Yes ☐ No ☐

New sexual partner in the last year? Yes ☐ No ☐ History of sexual abuse? Yes ☐ No ☐

The Patient Health Questionnaire-2 (PHQ-2):

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

Form completed by _____ Date _____