



Brief History and Physical

Women's Health Consultants, PLC
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Problem visit - Please help us gather information about your current problem.

Appointment Date _____

Name _____ Birthdate _____ Age _____

Preferred phone number to contact with results _____

Primary Care Doctor _____

Please describe the reason for your visit _____

How long have you had these symptoms? _____

Current Medications _____

Allergies _____

Date of Last period? _____ Was this a normal period for you? _____

When did you last have sex? _____ Have you had a new partner since your last exam? _____

Method of birth control? (if applicable) _____

Any other changes since last visit? _____

Concerning your own health, have you experienced any of these symptoms?

Symptom	No	Yes	Symptom	No	Yes
Change in appetite			Bleeding with intercourse		
Chills			Heavy bleeding during your period		
Fatigue			Irregular period		
Fever			Painful intercourse		
Abdominal pain			Vaginal itching / discharge		
Constipation			Blood in urine		
Diarrhea			Frequent urination		
Nausea			Painful urination		
Vomiting			Urgent urination		