



Anita Sadaty, MD
Redefining Health

PATIENT MEDICAL QUESTIONNAIRE PAGE ONE

We kindly ask you to fill out the following form to update your medical record.
Be as complete as possible. *Thank you!*

Today's Date: _____ Date Of Birth: _____

Name: _____

Date Of Most Recent SCREENING Tests:

Mammogram: _____ Bone Density: _____ Colonoscopy: _____

Do you have any medical problems? Please list them:

Gynecologic Conditions (Circle all that apply):

1. Abnormal Paps
2. STDs: Gonorrhea Chlamydia Syphilis Herpes HPV
3. Periods: Heavy Periods Painful Periods Fibroids Endometriosis PMS
Ovarian Cysts Irregular Cycles Infertility Recurrent Miscarriages IVF
4. Cancer of: Breast Ovary Uterus Cervix
5. Vaginal Dryness Painful Sex Vaginal Laxity Urinary Incontinence
6. Surgeries: LEEP of cervix Myomectomy Uterine Ablation Laparoscopy
Removal of Ovary Bladder lift surgery
D & C for: Hysterectomy Tubal Ligation C-Section
7. Anything else not mentioned?





PATIENT MEDICAL QUESTIONNAIRE PAGE TWO

Obstetrical History:

1. How many pregnancies have you had? _____
2. How many abortions have you had? _____
3. How many full-term deliveries: _____ Preterm deliveries: _____
4. How many miscarriages have you had? _____
5. Any complications related to pregnancy or delivery? _____

Please List All Prior Surgeries (Year and Type of Surgery):

Please list Medications you are currently taking:

List any Allergies to Medications or Latex:

Family History: Any diseases run in the family? (abbreviate **M** for mother, **F** for father, **Sib** for Sibling. For extended family, please mark **Maternal** or **Paternal**, for example, **MG** for Maternal Grandmother).

Diabetes _____ Heart Disease _____ Ovarian Cancer _____ Breast Cancer _____ Uterine Cancer _____
Colon Cancer _____ Autoimmune Disease _____ Alzheimers/Parkinsons _____

Social Habits:

Smoking: Packs/Week _____ How many years? _____ Alcohol: Drinks/Week _____

Drugs: What Kind? _____ Times/Week _____

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PATIENT MEDICAL QUESTIONNAIRE PAGE THREE

Additional History:

What type of work do you do? _____

What brings you here today? _____

