

500 N. Keene Street, Suite 203, Columbia, Missouri 65201

Telephone: (573) 817-3101 Fax: (573) 499-6065

### Medical Information Form

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_  
(Include maiden name if applicable)

Address \_\_\_\_\_ Birthplace \_\_\_\_\_ Phone (H) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code) Occupation \_\_\_\_\_ Phone (W) \_\_\_\_\_

Partner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Birthplace \_\_\_\_\_ Phone (H) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code) Occupation \_\_\_\_\_ Phone (W) \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

---

### Medical/Surgical History

If answering yes to the following questions, give dates and whether procedure performed with hysteroscopy, laparoscopy, vaginal, or large abdominal incision

- Cesarean section (specify any complications)
- Dilation and Evacuation of miscarriage or abortion
- Tubal surgery (specify removal, ligation/block, catheterize, or repair/ligation reversal)
- Uterine surgery (specify septum, fibroid, or polyp removal and if D & E done)
- Appendectomy (specify ruptured or not)
- Endometriosis surgery (specify what was done)
- Non-endometriosis Ovarian surgery (specify cyst removal/drainage, ovarian removal, ovarian drilling)
- Laparoscopy for other reasons (specify if diagnostic, for scar tissue, or other)
- Hysteroscopy for other reasons (specify if diagnostic, for scar tissue, or other)
- Cervical LEEP or Cone biopsy
- Other \_\_\_\_\_



Were there any complications during or after your pregnancies? \_\_\_\_ Yes \_\_\_\_ No

If yes explain \_\_\_\_\_

**FAMILY HISTORY—MALE AND FEMALE---Indicate which family members have the condition**

Infertility \_\_\_\_\_

Miscarriages \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Breast, Colon, Ovarian cancer \_\_\_\_\_

Other Cancer (specify type) \_\_\_\_\_

Genetic Condition (specify type) \_\_\_\_\_

Developmental delay \_\_\_\_\_

Birth Defect \_\_\_\_\_

Mom took DES(diethylstilbestrol) when pregnant with you (female) this is a synthetic form of estrogen to prevent miscarriage or preterm labor, stopped being used in U.S. in 1971 \_\_\_\_\_

Other \_\_\_\_\_

Unknown \_\_\_\_\_

None-all family members healthy