GYNAECOLOGICAL JOURNAL ENGLISH

To create a journal on you, we would like to ask if you could fill out this form below as well as you can, before entering the medical examination.

Contact information	Name: Birthday: Cell: Email:
Do you have any medical allergies? (penicillin, sulfa, m.m.)	No allergies Allergic to: ….
Your position (job)	
Your current and previous education	
Your ethnical background (which country are you from?)	
Marital status (line under)	Married □ Widow □ Cohabitants □ Single □ Other: □
Your age when you got your period (menstruation) for the first time	
Your age when you stopped mentruating, eg. menopause: your age after you stop menstruation for more than 1year	
Date of your last menstrual period (the first day)	**dd-mm-yy**
How long is your cycle (line under where it fits your cycle). Write if your cycle length if it does not exist in the same categories	(21-28) (28-30) (28-35) (Over 35days) (Under 21 days) White your cycle here if it does not exist:
How many days do you bleed when you get your period/menstruation?	
What do you use as contraception/birth control?	
When did you get the last cell sample from the cervix? (test for cell change)	Year: Normal: □ Dysplasia □
Who in your family has had ovarian cancer, breast cancer or pelvic cancer? Please Write what they had:	
Have you previously had any surgery done in the abdomen or stomach (Please write on the back if you need space)	Yes No When (year, date)? Hospital? What was the surgery for?
Have you previously had any gynecological diseases: Please indicate:	Fibroid □ Polyp □ Cyst in the ovaries □ HPVvirus □ Genital warts □ Endometriosis □ Infertility □ Cancer? Which type:
Have you had any blood clots, or liver disease due to p-pills	No If yes, then when? Hospital?
Name of medication you receive daily	
You height (cm) and weight (kg)	…..Cm …..Kg
How many cigarettes do you smoke daily	…..pr/day
Do you get hormone tablets for menopause / bleeding disorder? If yes, then for how many years?	…..year
How many miscarriages have you had?	Write the number here …..
How many provocative abortions have you got?	Write the number here …..
Have you been pregnant outside the womb?	If yes, then write the number here…… Have you had, your fallopian tube/ovaries removed?
How many times have you been pregnant?	Write the number here…..
How many children have you given birth to?	Write the number here …..
Write a few words about, why you are here today:	Symptoms (for how long): Which symptoms: