

FEMALE :

Menarche (date/age of beginning of menses) _____ Menopause _____ Cycle Length

Duration of bleeding (in days) _____ Quality (describe:color, pain, clots,
flow)_____

PMS (describe) _____

Menopause (describe)

Last PAP _____ Ever Abnormal _____

Discharge _____

Birth control/ Disease prevention Methods _____

Pregnancies _____ Births _____ Abortion _____ Miscarriage _____

Complications _____

Describe any problems with sexual desire, sensation, performance, orgasm:

Add any additional information you think may be relevant: