HERCHARAN K. SETHI, M.D. PC
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OFFICE (703)476-5200 – ANSWERING SERVICE: (703) 558-0709 – FAX: (703) 476-4707

NAME: _____ DOB: _____ DATE: _____

REASON FOR VISIT: _____

ADVANCED MEDICAL DIRECTIVE: ☐ YES ☐ NO ☐ POWER OF ATTORNEY ☐ LIVING WILL

1ST DAY OF LAST PERIOD: _____ LAST PAP: _____ ALLERGIES: _____

LAST MAMMOGRAM: _____ MEDICATIONS: _____

COLORECTAL SCREENING: _____ CURRENT CONTRACEPTION: _____

SELF BREAST EXAM: _____ TOBACCO: _____

CALCIUM: _____ ALCOHOL: _____

EXERCISE: _____ OTHER: _____

MEDICAL HISTORY

	SELF	FATHER	MOTHER	SIBLINGS	FATHER'S PARENTS	MOTHER'S PARENTS
Abnormal pap	☐		☐	☐	☐	☐
Alcoholism	☐	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐
Bleeding Disorder	☐	☐	☐	☐	☐	☐
Bowel Disorder	☐	☐	☐	☐	☐	☐
Breast Disease	☐		☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Chronic Pelvic Pain	☐		☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Dysmenorrhea	☐		☐	☐	☐	☐
Endometriosis	☐		☐	☐	☐	☐
Epilepsy/Seizures	☐	☐	☐	☐	☐	☐
Fibroids	☐		☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐	☐	☐
High Cholesterol	☐	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐	☐
Infertility	☐	☐	☐	☐	☐	☐

	SELF	FATHER	MOTHER	SIBLINGS	FATHERS PARENTS	MOTHERS PARENTS
Kidney Disease	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐	☐
PID	☐		☐	☐	☐	☐
Peptic Ulcer	☐	☐	☐	☐	☐	☐
DVT/Embolism	☐	☐	☐	☐	☐	☐
Skin Disease	☐	☐	☐	☐	☐	☐
STI:						
Gonorrhea	☐	☐	☐	☐	☐	☐
Chlamydia	☐	☐	☐	☐	☐	☐
Herpes	☐	☐	☐	☐	☐	☐
Syphilis	☐	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐	☐
HPV/Warts	☐	☐	☐	☐	☐	☐
Thyroid Disorder	☐	☐	☐	☐	☐	☐
Urinary Incontinence	☐	☐	☐	☐	☐	☐
UTI	☐	☐	☐	☐	☐	☐

Other: _____

OB/GYN HISTORY

AGE OF FIRST PERIOD: _____
FREQUENCY OF PERIODS: _____
DAYS OF FLOW _____ ☐ LIGHT ☐MODERATE ☐ HEAVY
PAINFUL PERIODS ☐ YES ☐ NO ☐ MINIMAL ☐ MODERATE ☐SEVERE
PMS SYMPTOMS ☐ NONE ☐ MINIMAL ☐ MODERATE ☐SEVERE
AGE AT FIRST INTERCOURSE _____
TOTAL # OF PARTNERS/LIFETIME: _____
TIME WITH CURRENT PARTNER _____

TOTAL PREGNANCIES: _____
VAGINAL DELIVERIES: _____
CESAREAN DELIVERIES: _____
VAGINAL DELIVERY AFTER CESAREAN ☐ YES ☐ NO
WEIGHT OF LARGEST BABY: _____
ABORTIONS: _____
MISCARRIAGES: _____
COMPLICATIONS WITH PREVIOUS PREGNANCIES OR DELIVERIES ?
_____
_____

CONTRACEPTIVE HISTORY

☐ BIRTH CONTROL PILLS ☐ DEPO PROVERA
☐ NORPLANT ☐ LUNELLE
☐ IUD ☐ DIAPHRAGM
☐ CONDOMS ☐ SPERMACIDE
☐ NATURAL FAMILY PLANNING/RHYTHM
☐ STERLIZATION (TUBAL LIGATION/VASECTOMY)

SURGICAL HISTORY

YEAR	PROCEDURE	FACILITY/MD	COMPLICATIONS