MARK W. HINMAN, M.D.
1350 Tulip Street – Longmont, CO 80501 – (303)776-6872

PAP SMEAR QUESTIONAIRE

GYN REVIEW

Age____ Last Pap_____ Any abnormal Pap Smears (year & dates) _____
Last Period _____ Usual Length _____ Usual Interval between Periods _____
Amount of Menstrual Flow: (Circle) Light – Moderate - Heavy; Age at onset of Menses _____
Number of Pregnancies _____ Number of Deliveries _____ Number of Miscarriages _____
Number of Living Children _____ Type of Birth Control _____
Last Mammogram _____

CURRENT PROBLEMS/CONCERNS: _____

_____

DATABASE UPDATE

PAST HISTORY:

Hospitalizations_____

Surgery & Major Illnesses _____

Significant Medical Problems _____

Special Procedures _____

FAMILY HISTORY: _____

SOCIAL HISTORY:

Family _____ Work _____

Activities _____ Diet _____

Alcohol _____ Tobacco _____ Caffeine _____

Drugs _____ Exercise _____

HEALTH MAINTAINANCE: Date of Last Check _____

Blood Screen _____ EKG _____Physical _____

Colon Cancer Screen _____ Tuberculine Test _____ Immunizations (DT) _____

MEDICATIONS: _____

ALLERGIES: _____

SYSTEMS REVIEW

	YES	NO	Explain all YES answers
Too Frequent / Few periods			
Irregular bleeding or spotting			
Significant pain with periods or during intercourse			
Problems with premenstrual tension			
Unusual vaginal discharge and/or itching			
Breast tenderness, lump or discharge			
Painful or frequent urination			
Loss of urine control			
Blood in urine			
Blood from rectum or black, tarry stools			
Blood clots, varicose veins or anemia			
Kidney or Thyroid disease			
Chest pain, shortness of breath, palpitations			
Unusual skin lesions, change in color or itching			
Abdominal Pain, indigestion, constipation or hepatitis			
Pain or swelling of muscles, bones or joints			
Abnormal weakness, numbness, stress or depression			
Fevers, weight changes, sleep problems or headache problems			