

# Quinacrine Sterilization History & Physical

Date: \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_\_\_

**Patient Name:** Last: \_\_\_\_\_, First: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Circle any conditions below:

**Family History:**            **M**        **F**        **B**        **S**        **GM**        **GF**

1. Blood clotting problems or bleeding tendencies: \_\_\_\_\_
2. a) Uterine abnormalities or b) Ovarian cancer: \_\_\_\_\_
3. a) Psoriasis b) Porphyria c) G6PD: \_\_\_\_\_
4. Colon or breast cancer: \_\_\_\_\_

**Personal History:**

1. Any in 1-4 above. Explain: \_\_\_\_\_  
Allergies: \_\_\_\_\_
2. Severe STD causing PID (Chlamydia, G.C. etc.): \_\_\_\_\_  
HIV tested? Y | N
3. Ectopic pregnancy: Y | N
4. a) Uterine septum/malformation or trouble with an IUD: \_\_\_\_\_  
b) Uterine or cervical surgery: Y | N  
c) IUD now/ever? Y | N Type: \_\_\_\_\_
5. Liver trouble such as with hepatitis C or alcoholism: \_\_\_\_\_
6. a) Anemia or steroid therapy: \_\_\_\_\_  
b) Lupus, rheumatoid arthritis, or other immune system disease: \_\_\_\_\_
7. Migraine, fainting spells, seizures, "shingles" or herpes: \_\_\_\_\_
8. Diabetes, heart trouble or high blood pressure: \_\_\_\_\_
9. a) Sexual problems: \_\_\_\_\_  
b) multiple sexual partners: \_\_\_\_\_  
c) "bad" vaginal discharge: \_\_\_\_\_  
d) abnormal Pap smear report: \_\_\_\_\_
10. Smoking? Y | N: \_\_\_ ppd x \_\_\_ years
11. List all drugs now taking & for what conditions: \_\_\_\_\_
12. Past or present substance abuse? (Confidential): \_\_\_\_\_

**Menstrual History**

Age periods started: \_\_\_\_\_  
1st day last period: \_\_\_\_\_  
Periods are:  
Regular \_\_\_ Irregular \_\_\_  
Painful: Y | N  
Flow: Light \_\_\_ Heavy \_\_\_ Normal \_\_\_  
Periods last: \_\_\_ Days

Birth Control Now? Y | N  
Method: \_\_\_\_\_

**Pregnancy History**

Pregnancies (total): \_\_\_\_\_  
  
Live births: \_\_\_\_\_  
Abortions: \_\_\_\_\_  
Miscarriages: \_\_\_\_\_  
Tubal pregnancy: \_\_\_\_\_

Think you are pregnant? Y | N  
Plan to have more children? Y | N

**Physical Exam/Lab**

Weight: \_\_\_\_\_  
Height: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_  
Pulse: \_\_\_\_\_  
Heart/Lungs: \_\_\_\_\_  
Abdomen/Legs: \_\_\_\_\_  
Pelvic: \_\_\_\_\_  
  
hgb: \_\_\_ gms    b-hcg: \_\_\_  
ua: S \_\_\_ P \_\_\_ A \_\_\_ ua micro:

