
DCH Regional Medical Center
DCH
Health System

Pregnancies
Menstrual Cycle
Menopause Status

Hormone Use

When was your last Pap Smear

When was your last Mammogram

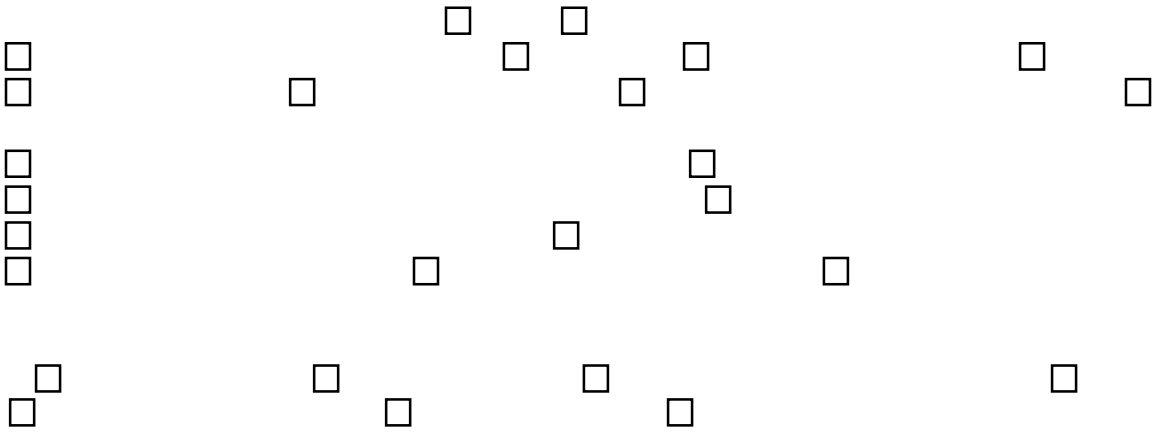
FAMILY HISTORY

Mother

Father

Brother

Brother



Pain:

Duration of Pain
Location of Pain
Have you had any pain(s) in the recent past
Present Pain Management and Effectiveness

How does your pain effect/interfere with your activities of daily living:

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PLEASE CIRCLE ANY OF THE PROBLEMS LISTED BELOW THAT YOU HAVE BEEN EXPERIENCING:

GENERAL:

EYES:

EARS:

NOSE:

THROAT:

LUNGS:

HEART: