



Complete Women's Healthcare
Kristi Lynn Blessitt, MD, FACOG
Ramon McGehee, MD, FACOG
29 Plantation Business Park, Suite 204
Bluffton, SC 29910
P-843.715.0570 F-843-706-0792

Confidential Patient Medical History Form

Please plan on arriving at least 15 minutes before your scheduled appointment in order to fill out any additional paperwork and to verify insurance information. Thank you!

Name:
Date of Birth:
Primary Physician:
How did you hear about our practice?

Current Problems:

- 1. 3.
2. 4.

Allergies:

- 1. 3.
2. 4.

Current Prescriptions:

- 1. 3.
2. 4.

Current Vitamins and Supplements:

- 1. 3.
2. 4.

Previous Medical History:

- 1. Age of first menstrual period?
2. If Menopausal, when was your last menstrual period?
3. First day your last period?
4. Any problems with menstrual cycle?
5. Number of pregnancies?
a. Births:
b. Miscarriages:
c. Abortions:
6. Any problems with pregnancies?
7. Current form of Birth Control?
8. When are you planning on having another child? (Please check one)
Within the next year Within the next 5 years
Within the next 10 years My family is complete
9. Date of last Pap smear?
a. Any abnormal findings with any previous pap smears?
10. Date of last Mammogram?



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- a. Any abnormal findings with previous mammogram?
- 11. Date of Last Bone Density?
 - a. Were there any signs of Osteopenia or Osteoporosis?
- 12. Date of Last Colonoscopy?
 - a. Were the results normal?
- 13. Any History of Mental Illness or Depression?
- 14. Any History of Sexually Transmitted Diseases?
- 15. Personal Past Medical History (i.e. Hypertension, Diabetes, Thyroid Disease, Stroke, Cancer, etc.)

Surgical History: (Type of Surgery and the Year it was performed)

- 1. 3.
- 2. 4.

Family History:

- 1. Father:
 - a. Alive?
 - b. Deceased?
 - c. Any Health Problems?
- 2. Mother
 - a. Alive?
 - b. Deceased?
 - c. Any Health Problems?
- 3. Siblings:
 - a. Number of Brothers?
 - b. Number of Sisters?
 - c. Any Health Problems?

Social History:

- 1. Marital Status:
- 2. Occupation:
- 3. Amount of alcohol consumed weekly?
- 4. Amount of Tobacco consumed weekly?
- 5. Any history of Drug use?
 - a. When and What?

Emergency Contacts:

- 1. Name of Friend Family Member:



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2. Relation:
3. Telephone # of Friend or Family Member: