

# Dr Hugo - Female Questionnaire (2019 Edit)

## Dr Hugo - Female Patient Questionnaire

Thank-you for completing this patient health questionnaire. This form should take 10-15 minutes to complete and is a fast, safe and accurate way of passing on your medical details. It is important that you fill in the details accurately and completely so that I have a good idea of your health. I will review it before your appointment and it will mean we can spend more time focussing on your issues and how I can help you. This form is secure and you can return at any time on the same computer or device to complete it.

Regards, Dr Hugo

## Patient Details

### Name

Mrs John Smith

### Date of Birth

Friday, January 1, 2016

### Date

Monday, May 13, 2019

## Lifestyle

### Height (cm)

123

### Weight (kg)

123

### BMI

81.3

**Have you lost or gained a lot of weight recently?**

No

**Do you drink Alcohol?**

Never

**Do you Smoke?**

Never

**How many cups of coffee do you have per week?**

123

**Do you exercise?**

Never

# Cycle History

Is your cycle regular?

Regular

How would you describe your period?

Light

How old were you when you first had your period?

123

How long does your period last ?

in days

Do you get any other abnormal bleeding?

Yes

Is your period painful?

No/Minimal

How often does your period occur?

in days

# Fertility History

Have you ever been pregnant?

Yes

Total Pregnancies

0

Total Births

0

EmVagDel

1

Total Miscarriage

2

EmLUSCS

1

Total STOP

0

Total Ectopic

0

Pregnancies

G0P0M2A0

Are you trying to get pregnant?

Yes

Have you ever had fertility treatment?

Yes

EmDC

1

# Reproductive History

How often do you have intercourse per month?

More than 8x

Is intercourse painful?

Yes

Do you know the most fertile time in your cycle?

Yes

Are there any other issues with intercourse?

Yes

Have you ever used or currently use any contraception?

No

## Surgical History

Have you ever had an operation?

Yes

When was your last pap smear?

textbox\_sample61

Was the result normal?

Yes

Please detail any other other gynaecological issues.

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## Medical History

Have you ever been treated for or suffered from

Diabetes

**Are there any medical issues that run in your family?**

Miscarriage

## Medications

**Please detail above or any current or previous medical problems.**

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**Are you currently on any medications?**

Yes

**Please detail above or any other familial medical problems.**

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**Do you use any 'alternative' or 'natural' medicines/ treatments?**

Yes

**Do you have any allergies ?**

Yes

## Comments

**Please provide a short summary of why you think you are visiting me today or any other comments in relation to your visit or health.**

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Thank-you for completing this form. We will get you to check and sign it at your appointment. When you submit this form, you will be returned to my website where you can fill in your partner's questionnaire if you are seeing me for fertility or your patient registration if you haven't done so already. Please remember to bring your referral letter and any blood tests or scans to your appointment with me. Lastly, to ensure you are a real patient and not a robot (sorry), can you please complete this little test below.

Regards, Dr Hugo.

