



ESTABLISHED ANNUAL GYN EXAM

Name: _____ Date: _____ DOB: _____ Age: _____

____ I have had an abnormal pap. Year: _____, explain:

____ I have NEVER had an abnormal pap.

____ I menstruate: First day of last menses: _____

____ I am postmenopausal. Year stopped menses: _____

____ I have had no spotting.

____ I have spotted, explain:

____ I have had my uterus removed, Due to:

____ I have had my RIGHT / LEFT ovary[ies] removed.

____ I DO NOT examine my breasts monthly

____ I do monthly Breast Self Examination.

____ I have found NO problem.

____ I have found a problem, explain:

Health Status/Problems/Testing since last annual exam.

____ None

1.

2.

3.

ISSUES that need to be discussed today.

____ None

1.

2.

3.

What is the best thing that has happened to you this past year?

MiniCog:

Please draw a clock and place the hands at ten minutes after eleven.

LIFE STRESS INDEX

If an event has been true for you in the past year or will occur in the near future, circle the number in the right column. Total the points.

Death of a spouse	80 / 100 / 120
Divorce	65 / 75 / 85
Marital separation	55 / 65 / 75
Jail term	55 / 65 / 75
Loss of self confidence	45 / 50 / 55
Death of close family member	50 / 60 / 70
Personal injury or illness	45 / 50 / 55
Retirement	40 / 45 / 50
Loss of job	45 / 50 / 55
Marital reconciliation	40 / 45 / 50
Change in health of family member	40 / 45 / 50
Pregnancy	35 / 40 / 45
Sex difficulties	35 / 40 / 45
Gain of new family member	35 / 40 / 45
Business readjustment	35 / 40 / 45
Change of financial state	35 / 40 / 45
Death of close friend	30 / 35 / 40
Change to different line of work	30 / 35 / 40
Change in relationship with spouse	30 / 35 / 40
Taking over major financial responsibility	25 / 30 / 35
Foreclosure of mortgage or loan	25 / 30 / 35
Change in responsibilities at work	25 / 30 / 35
Son/Daughter leaving home	25 / 30 / 35
Trouble with in-laws	25 / 30 / 35
Outstanding personal achievements	25 / 30 / 35
Spouse begins or stops work	25 / 30 / 35
Begin or end school	25 / 30 / 35
Difficulties with peer group	25 / 30 / 35
Problem teenager(s) in home	25 / 30 / 35
Change in living conditions	20 / 25 / 30
Revision of personal habits	20 / 25 / 30
Trouble with boss	20 / 25 / 30
Change in living conditions	20 / 25 / 30
Small children in the home	20 / 25 / 30
Change in work hours or conditions	15 / 20 / 25
Change in residence	10 / 20 / 30
Change in school	15 / 20 / 25
Change in recreation	15 / 20 / 25
Change in church activities	15 / 20 / 25
Change in social activities	10 / 15 / 20
Mortgage or loan less than \$20,000	10 / 15 / 20
Change in sleeping habits	10 / 15 / 20
Change in # of family get togethers	10 / 15 / 20
Change in eating habits	10 / 15 / 20
Vacation	10 / 15 / 20
Christmas (if approaching)	10 / 15 / 20
Minor law violation	10 / 15 / 20
Other= _____	_____
TOTAL =	_____

A stress index of over 300 shows significant enough stress to interfere with your health! NEWS recommends serious pursuit of activities to reduce this score.....otherwise, during the next year, your health may suffer!

Name: _____ DOB: _____ Date: _____

Present Meds and Supplements

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Doctor's Changes in Meds and Supplements

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Doctor's Notes:

Please *print out and bring* this form with you to your scheduled appointment.
Go back to our [Appointment Forms](#) and finish any remaining forms needed for this visit.
