

OBSTETRICS,
GYNAECOLOGY
& FERTILITY



Dr Abigail Evans
BSc, Embryologist, MBBS, FRANZCOG

MEDICAL HISTORY FORM

Surname: First name: dob:

GP DETAILS

Referring GP Usual GP

PRESENTING PROBLEM:

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MEDICAL HISTORY

Are you on any contraception? Yes () No () Name:

When was your last pap smear? Was it normal? Yes () No ()

Have you ever suffered from: Herpes () Genital warts () Hepatitis C () HIV ()
Hepatitis B () Chlamydia () Other.....

Have you had any recent blood tests? Yes () No ()

If yes, which Pathology Company:

Have you had any recent ultrasounds, x-rays, MRI or CT scans: Yes () No ()

If yes, which Radiology Company:

Details of any medical conditions:

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Details of any surgical procedures:

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Details of any previous pregnancies:

Details of any significant family history:

Details of any allergies:

Please list any medications you are currently taking:

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Details of any other relevant information:

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