

ross

acupuncture

M E D I C I N E O F M O V E M E N T

(510) 629-9345, rossacupuncture.com

399 Grand Ave, Oakland, CA 94610

MENSTRUAL HISTORY

Age at which menses began: _____ Date of last period ___/___/___

Are your periods painful? Y/N How long does the pain last?

Is pain before or during menses? _____ How many days do you bleed? __

Date of your last pap smear? ___/___/___

How heavy is bleeding? __light, __medium, __heavy

What color is the blood? __light red, __red, __purple, __brown, __black

Are there clots? Y/N

Do you experience PMS? Y/N If so, what are your premenstrual symptoms?

__bloating, __irritability, __breast tenderness, __low back pain, __headaches,

__acne, __cramping, __loose stools prior to onset of menses

How many days between cycles?

Do you spot during your menses? Y/N

Do you ovulate? Y/N On which day? __

Number

Years

How many pregnancies have you had? _____

Children? _____

Abortions? _____

D&C's? _____

Have you ever had an abnormal pap smear? Y/N

Have you ever had a cervical biopsy or operation? Y/N

Do you get yeast infections regularly? Y/N