

MEDICATIONS LOG

Use this chart to list all of the drugs and supplements that you take, even those not prescribed by a doctor. If you cannot do this or are unsure of the dosage, bring **ALL** of your medications or take a **PICTURE** of the front and back of the bottle to show the doctor. Some medications do not work well together or may not be needed at all.

My medications, herbs, vitamins, supplements	Dosage (Ex: two 40mg pills day & night)	How long I have used this?	What do I take it for?	If Rx, Who prescribed it?
<i>Tri-Previfem</i>	<i>1 pill a day</i>	<i>Started age 18</i>	<i>Birth control</i>	<i>Dr. Jane Gyno</i>
<i>Multi-vitamin</i>	<i>1 pill a day</i>	<i>3 months</i>	<i>Worried I'm not getting all the right vitamins I need in my diet.</i>	

ALLERGIES

Do you have any allergies? Yes ___ No ___

If yes, please list **ALL** allergies (Ex. Aspirin, Latex Gloves, Gluten, Pollen)?

FAMILY HISTORY

Has anyone in your family (who is biologically related) *ever* been diagnosed with any of the following?
 This may involve asking family members so it is helpful to have this prepared before your visit.

	Self	Parent	Sibling	Grandparent	Aunt/Uncle	Age when Diagnosed	Don't Know
Cancer (<i>any type</i>)							
Easy Bleeding (Nose bleed, Heavy period)							
Blood Clots							
Depression							
Diabetes (type I or II)							
Heart Procedure or Heart Attack							
High Blood Pressure							
Kidney Disease/ Dialysis							
Stroke							
Transplants							

Use the space below to add further details regarding any of the above diagnoses. If you have multiple family members who have been diagnosed with the same disease please list their relationship to you and their age at diagnosis:

Notes: _____

VACCINATION LOG

Consider obtaining your vaccination record(s) from your Pediatrician or PCP and using this handy tool to keep track of them. We suggest you update this log and keep it with the certificates of vaccinations as you receive them or attach it to the records you already have.

Are you up to date with your current vaccinations? Yes No Don't know

Vaccine	Yes	No	Date of Most Recent
Tetanus (Td/Tdap) Tdap protects you from Tetanus (lockjaw), Diphtheria (thick coating which forms in back of throat) and Pertussis (whooping cough).			
Pneumococcal Pneumococcal disease is caused by bacteria which can lead to ear, lung (pneumonia), blood (bacteremia) or the covering of the brain and spinal cord (meningitis) infections.			
Meningococcal (Meningitis) Meningitis is a serious bacterial illness; an infection of the covering of the brain and spinal cord.			
HPV (Gardasil) The HPV (human papillomavirus) vaccine protects you from the HPV sexually transmitted virus which can cause cancer.			Shot 1: _____ Shot 2: _____ Shot 3: _____
Influenza (Flu Shot) The Flu is caused by the influenza virus which spreads every year, usually between October and May. It can lead to pneumonia and blood infections.			
Hepatitis A The Hep A virus causes a serious infection that affects the liver.			
Hepatitis B The Hep B virus causes a serious infection that affects the liver.			
Measles, Mumps & Rubella (MMR) This 3-in-1 vaccine protects you from a range of symptoms which can lead to infections, pneumonia, seizures, deafness, meningitis and death.			

HOSPITALIZATIONS & SURGERIES LOG

Have you been hospitalized or had surgery in the past three months? Yes ___ No ___

If yes, please fill in this log:

Date you were treated	Place you were treated	Reason(s) you were treated