



**Lifecycles Wellness**  
Gynecology Intake Form  
lifecycleswellness.com 647.428.7200

**Gynecology Health History**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is the gynecological concern for which you are seeking treatment?

\_\_\_\_\_

Age of your first menstrual cycle? \_\_\_\_\_  
Are your periods painful? \_\_\_\_\_ How many days does the pain last? \_\_\_\_\_  
How many days do you usually bleed? \_\_\_\_\_ How heavy? \_\_\_\_\_  
What color is the blood? \_\_\_ light red \_\_\_ red \_\_\_ dark red \_\_\_ purple \_\_\_ brown  
Is there clotting? \_\_\_\_\_  
What are your premenstrual symptoms? \_\_\_\_\_  
Do you get acne breakouts before or during your period? \_\_\_\_\_  
Do your breasts become tender premenstrually? \_\_\_\_\_  
How many days from one period to the next? \_\_\_\_\_ Date of last period \_\_\_\_\_  
Have your cycles changed since they began? \_\_\_\_\_  
Do you get yeast infections regularly? \_\_\_\_\_

Date of last pap smear \_\_\_\_\_ Have you had an abnormal pap smear? \_\_\_\_\_  
Have you had a cervical biopsy, operation or cauterization? \_\_\_\_\_  
Have you been diagnosed with uterine fibroids? \_\_\_\_\_ endometriosis? \_\_\_\_\_  
Date of last mammogram \_\_\_\_\_ Have you had an abnormal mammogram? \_\_\_\_\_  
Do you do a monthly breast self-exam? \_\_\_\_\_

What types of contraception do you or have you used in the past? How long did you use each?

\_\_\_\_\_

Between periods, how much discharge do you have, if any? \_\_\_\_\_  
Is it thin or thick? \_\_\_\_\_ Does it have a color? \_\_\_\_\_ An odor? \_\_\_\_\_

How many pregnancies have you had? \_\_\_\_\_ How many children do you have? \_\_\_\_\_  
Have you had an abortion? \_\_\_\_\_ Miscarriage? \_\_\_\_\_ D&C? \_\_\_\_\_

**Menopause** (please answer if applicable)

When did you notice your periods starting to change? \_\_\_\_\_

Date of last period \_\_\_\_\_

What symptoms, if any, did you experience during perimenopause?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be assured that your information is confidential and will be shared only with your practitioners.