St. Dominic's
Gynecologic Oncology
St. Dominic Medical Offices West Tower
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D. PAUL SEAGO, M.D.
Gynecologic Oncology

JACKIE CLANTON, N.P.

Date: _____

Name: _____ Date of Birth: _____

HEALTH QUESTIONNAIRE

1. Are you in good health at this time? ..... ❑ NO ❑ YES

2. Are you presently under a physician's care? ..... ❑ NO ❑ YES

   If YES, for what condition? _____

3. Are you taking any medications on a regular basis? ..... ❑ NO ❑ YES

   If YES, what? _____

4. Are you aware of any allergies or hypersensitivities to any food or medicine? ..... ❑ NO ❑ YES

   If YES, what substance and what type of allergic reaction? _____

5. Please mark any of the illnesses or conditions you may have had:

❑ Anemia	❑ Heart Murmur	❑ Seizures
❑ Arthritis	❑ Heart Trouble	❑ Shortness of Breath
❑ Asthma	❑ Hepatitis	❑ Stroke
❑ Blood Pressure Condition	❑ High Blood Pressure	❑ Thyroid Disease
❑ Developmental Heart Disease	❑ Kidney Trouble	❑ Tumors of Growth
❑ Diabetes	❑ Liver Trouble	❑ Ulcers
❑ Heart Attack	❑ Rheumatic Heart Disease	

6. Are you on any "blood thinning" medications or aspirin? ..... ❑ NO ❑ YES

7. Have you experienced any complications in healing or had prolonged bleeding? ..... ❑ NO ❑ YES

8. Do have any history of fainting? ..... ❑ NO ❑ YES

9. Have you ever been pregnant? ..... ❑ NO ❑ YES

   If YES, number of pregnancies_____. dates: _____

10. Are your cycles regular? ..... ❑ NO ❑ YES

    When was your last menstrual cycle? _____ How often do they last? _____Days

11. Have you ever been treated for a abnormal Pap smear? ..... ❑ NO ❑ YES

12. Do you have any medical conditions that we should be aware of? ..... ❑ NO ❑ YES

    If YES, please list: _____

13. Have you ever had surgery before? ..... ❑ NO ❑ YES

    If YES, please list _____

14. Do you or any member of your family have a medical history of:

    a. Cancer? ..... ❑ NO ❑ YES

       If YES, please explain _____

    b. Tobacco use? ..... ❑ NO ❑ YES

       If YES, please explain _____

    c. Alcohol Abuse? ..... ❑ NO ❑ YES

       If YES, Please Explain _____

If additional space is needed to answer questions, please write on back of page and number accordingly.