

PLEASE FILL IN THIS QUESTIONNAIRE AND BRING IT TO YOUR APPOINTMENT WITH DR ONUMA

NAME: _____ DATE: _____

HOW MANY PREGNANCIES IN TOTAL HAVE YOU HAD?	HOW MANY CHILDREN IN TOTAL HAVE YOU HAD?	NORMAL VAGINAL DELIVERY = _____ FORCEPS DELIVERY = _____ VENTOUSE (SUCTION) DELIVERY = _____ CAESAREAN SECTION = _____ MISCARRIAGE = _____
DATE OF YOUR LAST PAP SMEAR?		
RESULT OF YOUR LAST PAP SMEAR	NORMAL ABNORMAL	
WRITE DOWN ALL THE OPERATIONS (however minor) YOU HAVE HAD DONE IN THE PAST (as well as the year in which they took place)		
WRITE DOWN ALL THE MEDICAL CONDITIONS THAT HAVE AFFECTED YOU NOW OR IN THE PAST		
WHAT MEDICATIONS ARE YOU TAKING (please include dose and frequency)?		
WHAT DRUGS ARE YOU ALLERGIC TO? (what happens ie, rash, nausea, vomiting etc)		
HOW MANY CIGARETTES DO YOU SMOKE EACH DAY?		
HOW OFTEN DO YOU DRINK ALCOHOL?	Frequently. Occasionally. Rarely. Never.	
WHAT DO YOU DO FOR CONTRACEPTION?	Nothing. Withdrawal. Oral Contraceptive Pill. IUCD (Coil). Implanon. Essure. Tubal ligation	
WHAT ISSUES WOULD YOU LIKE TO DISCUSS WITH DR ONUMA?	BLADDER PROBLEMS PROLAPSE SEXUAL PROBLEMS MENSTRUAL PROBLEMS MENOPAUSE PROBLEMS PAP SMEAR	REDUCED LIBIDO LABIAL REDUCTION ABDOMINAL-PELVIC PAIN OTHER _____