Victoria J. Mondloch, M.D.

20800 Swenson Drive - Suite 425 • Waukesha, WI 53186 • Office: 262-524-9116 • Fax: 262-754-4944

PATIENT COMPLETES EACH SECTION - Please use a ballpoint pen to answer all questions in this section.
Put a * Next to any answer you would like to discuss with the doctor.

Primary Care Physician:
Name _____
Address _____

Today's Date: _____
Patient's Name _____
Birth Date: _____ **Sex:** ____ **Age:** _____

A. PATIENT PROFILE

{ } Married { } Divorced { } Single { } Separated { } Widowed
Last school grade completed_____
Occupation_____ Check if retired { }
Hobbies/Interests_____
Time since last complete medical examination_____

B. HEALTH OF FAMILY

	Good	Poor	Died	If died, note age and cause
Father	☐	☐	☐	_____
Mother	☐	☐	☐	_____
	☐	☐	☐	_____
Brother/Sisters_____	☐	☐	☐	_____
_____	☐	☐	☐	_____
_____	☐	☐	☐	_____
_____	☐	☐	☐	_____
Spouse: _____	☐	☐	☐	_____
Children: _____	☐	☐	☐	_____
_____	☐	☐	☐	_____

C. ILLNESS

If you have had any of the following, check the appropriate☐.
If a blood relative has had any of the following, check the appropriate○ (Specify Blood Relative as F, M, MGF, MGM, PGF, PGM)

☐○ ___Depression	☐○___Bleeding Disease
☐○ ___High blood pressure	☐○___High Cholesterol
☐○ ___Lung Disease	☐○___Lung Cancer
☐○ ___Kidney Disease	☐○___Skin Cancer
☐○___Anemia	☐○___Colorectal Cancer
☐○___Thyroid Disease	☐○___Stomach Cancer
☐○___Birth Defects	☐○___Liver Cancer
☐○___Osteoporosis/ Osteopenia	☐○___Breast Cancer
☐○___Heart Disease/ Stroke	☐○___Ovarian Cancer
☐○___ Diabetes	☐○___Uterine Cancer

Comments:
Other: _____
_____

D. GYN HISTORY -

Menarch _____ **LMP** ___/___/____ cycle days_____
flow____x days. Last pelvic/ pap ___/___/___.

E. HOSPITALIZATIONS/SURGERY – List illnesses or operations and approximate year. Exclude NORMAL PREGNANCIES.

Surgeries (Year)	Hospitalizations (Year)
_____	_____
_____	_____
_____	_____

F. MEDICINES List all medications

Medicines: milligrams/dosage/directions **(All Rx & Non-Rx)** **Please include Vitamins & Supplements**

_____ _____ _____
_____ _____ _____
_____ _____ _____

G. LIST ALL ALLERGIES AND REACTIONS:

Allergies

_____ _____ _____
_____ _____ _____