Surgery Clinic of Wellington
Sumner Regional Medical Center
1323 North A Street
Wellington, KS 67152-4350

Women's Health Questionnaire

Age at first period_____ Age at last period_____

Date of last pap smear_____ Results_____

Number of pregnancies_____ Live Births_____ Age at 1st pregnancy_____

Are you on hormone therapy? Yes___ No___ If yes, please describe_____
_____

Do you do self breast exams? Yes___ No___ Date of last mammogram_____

Other information.
Please write below any information you feel the doctor should know._____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____