**MEDICAL HISTORY SHEET**

History

Surgery :

- Date and type of intervention

- Were there any problems associated with the anesthesia, upon waking ...

- Have there been any accidents (even without surgery): fractures, loss of consciousness, date or age of occurrence, detailed circumstances (assault, fall,…)

Gyneco-obstetrics:

- Date of first period:

- Voluntary termination of pregnancy:

- Sexually transmitted disease:

- Pregnancies (including miscarriages, and abortions):

- Childbirth: long term, vaginal delivery, premature, cesarean, complications?

- Age at first intercourse:

- Current level of sexual life satisfaction:

Medical:

- Known and monitored diseases:

- Chronic pain (back pain, tendonitis, migraines, fibromyalgia ...):

- Current or past skin problems, treatments:

- Quality of grasto-instestinal transit:

- Other:

Allergy :

- Allergy to medicine :

- Food allergies:

- Allergy symptoms: rhinitis, eczema, asthma, others

Family:

- Psychiatric: depression, anxiety (recognized and treated or not), alcoholism, suicide attempt, hospitalizations, ....

- Other medical problems:

Psychiatry:

- Dates; type of therapy; type of therapist: psychologist, psychiatrist, psychoanalyst, psychotherapy; duration of therapy; treatment taken at the same time as therapy

- Hospitalizations, suicide attempts

- Drugs taken in the past; antidepressants, anxiolytics, hypnotics (sleeping medication)

Current treatment: