

Name (Last, First): _____
DOB: _____ Today's date: _____

Women's Health Questionnaire

As part of the Providence Adult and Teen Congenital Heart Program (PATCH), reproductive health and women's care is very important to us. Women with congenital heart disease require special attention in areas of routine gynecological care, contraception, and pre-pregnancy counseling.

It is our goal to make sure all women have access to the reproductive services they need. All patients 16 and over will be referred for gynecologic/reproductive services, if desired, unless these services are already in place.

Birth Control

Are you sexually active? Yes No

Are you currently on a birth control method? Yes No

If yes, what method are you using?

- Combined oral contraceptive pills (estrogen and progestin)
- Progestin only oral contraceptive pills
- Intrauterine device-IUD (Paraguard, Mirena, Skyla)
- Implantable rod (Nexplanon, Implanon)
- Depo-provera
- Patch, Ring, etc
- Other: _____

Have you used other forms of birth control in the past? If so, what type(s) and did you have any problems? _____

Do you have questions about birth control options? Yes No

If yes, please list them here to discuss during your visit:

Pregnancy

Have you ever been pregnant? Yes No If yes, how many times? _____

Outcome of these pregnancies: _____

Gynecologic Care

Do you currently have a gynecologic or reproductive care provider? Yes No

If yes, provider's name: _____

Date of last visit? _____ Date of last Pap? _____

Any abnormal Paps? Yes No

If yes, when? _____ Outcome: _____

Have you ever been treated for a sexually transmitted infection? Yes No

If yes, what and when? _____

If you do not have a women's care provider, may we refer you to one? Yes No

If not, why? _____