**Health History Template**

**Introduction**

**Client Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verify Reason for Encounter  Permission granted?

**General Overview:**

Safe to proceed?

**Demographics:** (HC#, gender, address)

**Reason for Presentation:**

**Any other concerns:**

**HPI:** (use OPQRSTU or BOLDCARTS)

**Past Medical History:**

**Past Surgical History:**

**Diagnostic and Screening Tests:** (ask about dates completed)

Pap

HIV

STI

**Allergies:** (medication, food, environmental)

**Medications:**

**Prescribed**

**OTC**

**Other**

**Sexual History: 5P’s** (Partners, Practices, Protection from STI, PMH of STI, Pregnancy Plan)

**Additional:** (Satisfaction, Health, Support)

**Safety concerns?**

**Review of Systems:**

(Gynecological pain, menstruation, pregnancies, children, abortion/miscarriage, bowel, bladder)

**Include BOLDCARTS or OPQRSTU for any/all abnormal findings**

**Family History:**