

QUESTIONNAIRE FOR A MINOR FEMALE PATIENT – GYNECOLOGICAL HISTORY

Patient's full name:

PESEL number: Date of birth*:

ID document type and number (if applicable):

Name and surname of the legal guardian or actual caregiver:

1. Reason for consulting a gynecologist (brief description of complaints/symptoms):

.....
.....

2. Gynecological history

Course of somatic and sexual development to date:

- Date of menarche (first menstruation):
- Date of last menstruation:

Characteristics of the menstrual cycle:

- Cycle length: days
- Are the periods:

☐ painful

☐ heavy

☐ scanty

☐ normal

3. Sexual initiation:

☐ Yes

☐ No

At what age?

4. Contraception used:

☐ Yes, which?

☐ No

5. History of sexually transmitted infections:

☐ Yes, which?

☐ No

6. Systemic diseases or other currently existing medical conditions:

☐ Yes, which?

☐ No

7. Past illnesses and surgical procedures:

.....

8. Current treatment:

.....

9. Course of pregnancy and delivery:

☐ Vaginal delivery

☐ Cesarean section

10. Neonatal period:

Apgar score:

11. Postnatal complications:

☐ Yes, which?

☐ No

12. Family medical history:

- Cardiovascular diseases:

☐ Yes, which?

☐ No

- Obesity:

☐ Yes

☐ No

- Other diseases, including genetic disorders:

☐ Yes, which?

☐ No

(Date and legible signature of the legal guardian / actual caregiver**)

.....

(Date and legible signature of the Patient, if aged 16 or older)

.....

Notes:

* to be completed if the patient does not have a PESEL number

** delete as appropriate