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Patient Name: _____

FEMALE ONLY QUESTIONNAIRE

	Yes	No	N/A
Do you lose your urine when you sneeze or cough?			
Do you have any breast discharge?			
Did you develop high blood pressure during your pregnancies?			
Have you stopped menstruating?			
If yes, at what age?			
Have you had any bleeding or spotting since your start of menopause?			
If you are still menstruating, do you have any bleeding or spotting between periods?			
Do you have any bleeding after intercourse?			
Are your periods irregular, on time or abnormal in amount?			
How many days per period?			
How many pads/tampons per day?			
How many days between the start of your periods?			
How many times have you been pregnant?			
How many babies have you had?			

Date of your last period? _____