CSU SAN MARCOS STUDENT HEALTH SERVICES
INTERVAL/ANNUAL PAP HISTORY FORM

Last Name________________________ First Name _______________________

Student I.D.#______________________ Date________________________________

Phone # (      )___________________________ Cell/Bus. # (    ) ___________________

Date of birth_______________________

Previous Exams:

Date of last PAP smear
History of abnormal PAP smear

LAST MENSTRUAL PERIOD

Menstrual History:
Since last exam:

Had a significant change in menstrual cycles
Recently been bothered by:
Bleeding between periods/ after intercourse
Vaginal discharge, itching, irritation, or sores
Burning with urination

Sexual History:
Since last exam:

Had a new sexual partner
Had intercourse without condoms
Had a sexually transmitted infection
Had a change in birth control method
Been sexually or physically abused

Health Promotion:
Since last exam:

Examined your breasts monthly
Exercised 3 or more times / week for 20 minutes
Had a concern about your weight
Had a cholesterol test
Had a problem with drugs or alcohol
Had a significant change in overall health

03/08