

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 _____