HUS Helsinki University Hospital
HUS Diagnostic Center

Medical history form for cervical cancer screening

Last name and first names	Address
Personal identity code	

Medical history

First day of last menstrual period ____ / ____ 20 ____

Menstruation have stopped permanently (menopause)
- ☐ No
- ☐ Yes

Pregnant
- ☐ No
- ☐ Yes

Present birth control method
- ☐ No birth control method
- ☐ Birth control pill
- ☐ IUD
- ☐ Hormonal IUD
- ☐ Other hormonal birth control

Less than six months after giving birth or breastfeeding
- ☐ No
- ☐ Yes

Hormone replacement therapy
- ☐ No
- ☐ Yes

Symptoms

- ☐ No symptoms
- ☐ Abnormal / bloody vaginal discharge
- ☐ Bleeding during / after intercourse
- ☐ Irregular bleeding between periods
- ☐ Bleeding though periods have stopped at least a year ago

Hysterectomy

- ☐ No
- ☐ Yes

If yes, was the hysterectomy
- ☐ Partial
- ☐ Total

Have you had cervical cell samples taken previously

- ☐ No
- ☐ Yes

If yes, have you had samples taken withing the past two years
- ☐ No
- ☐ Yes

If yes, what was the result of the last cervical cell sample
- ☐ Normal
- ☐ Abnormal
- ☐ Do not know

Have you been treated due to cervical cell changes

- ☐ No
- ☐ Yes

If yes, when was the last time

In year _____