

# Women Specialists of Katy

## Annual Update

Please take a moment to answer the following questions about your health.

Last Period (date) \_\_\_\_\_

Current Contraception

- Pills/Ring/Patch/Shot       Permanent Sterilization (you/spouse)  
 IUD       None

Breast Exam Frequency

- Monthly       Occasionally       Rarely       Never

Exercise Frequency (weekly)

- 0-2       1-3       3-5

Calcium Intake (daily)

- None       In my vitamin       1000 mg

Smoking Frequency (daily)

- Never       1-5 cigarettes       ½-1 pack       >1 pack

Last tetanus shot \_\_\_\_\_

