<table>
<thead>
<tr>
<th>General History:</th>
<th>Gynecological History:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking: Yes ☐ No ☐</td>
<td>Unusual Vaginal Bleeding: Yes ☐ No ☐</td>
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<tr>
<td>Breast Feeding now: Yes ☐ No ☐</td>
<td>Pelvic Inflammatory Disease or STD in the last 3 months or now: Yes ☐ No ☐</td>
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<tr>
<td>Breast Cancer: Yes ☐ No ☐</td>
<td>Family History:</td>
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<tr>
<td>Hypertension: Yes ☐ No ☐</td>
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<tr>
<td>Serious Problems with heart or Blood Vessels: Yes ☐ No ☐</td>
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<tr>
<td>Headache with Blurred Vision (Migraine): Yes ☐ No ☐</td>
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<tr>
<td>Jaundice and Liver Disease: Yes ☐ No ☐</td>
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<tr>
<td>Hypertension: Yes ☐ No ☐</td>
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<td>Gall Bladder Disease: Yes ☐ No ☐</td>
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<tr>
<td>Taking Medication For Epilepsy: Yes ☐ No ☐</td>
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<tr>
<td>Jaundice While Taking COC's: Yes ☐ No ☐</td>
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<th>Initial Exam:</th>
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<tbody>
<tr>
<td>Wt: 55.6 Kg</td>
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<td>P.V.</td>
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<td>Cervix: Breast:</td>
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<td>ریکار نمی‌سپرده</td>
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