

DES *Health Record*

FOR WOMEN

This health information record can help you manage your health decisions and help you discuss questions about DES exposure with your health care provider.

Each family member exposed to DES should complete a DES Health Information Record. You can photocopy this record or print additional copies from the CDC's DES Update Web site at www.cdc.gov/DES.

General Information

Name _____ Social Security Number _____
Date of Birth _____ Blood Type _____
Primary health care provider(s) _____
Obstetrician/Gynecologist _____
Other Specialists _____
Insurance Carrier _____ Policy/Plan Number _____
Group# _____
Effective Date _____ Phone Number _____

Your DES Health History

I was prescribed DES while I was pregnant. Yes ___ No ___ Don't Know ___
My mother was prescribed DES while she was pregnant with me. Yes ___ No ___ Don't Know ___
I am the daughter of a woman or man exposed to DES before birth (in the womb), also known as a DES grandchild. Yes ___ No ___ Don't Know ___

The following chart helps you track your women's health checkups. Record the date and year of your most recent gynecological exam and mammogram. Space is provided to track future exams.

| | Date/Year | Date/Year | Date/Year | Date/Year | Date/Year |
|---|-----------|-----------|-----------|-----------|-----------|
| Record of Gynecological Exams/Pap Tests | | | | | |
| Follow Up and Treatment for Abnormal Pap Tests | | | | | |
| Record of Mammograms | | | | | |
| Follow Up and Treatment for Abnormal Mammograms | | | | | |

Notes from your health care provider:

Record age/date of:

First menstrual cycle

Last menstrual cycle (onset of menopause)

Age

Date

Record number of:

Full-term pregnancies

Premature births

Ectopic pregnancies

Miscarriages

Age

Date

Record name of and dates taken:

Birth Control Pills

Fertility Medications

Hormone Replacement Therapy

Name

Dates

