



2.7.1 COMPREHENSIVE HEALTH HISTORY

POLICY:

A comprehensive health history must be collected and reviewed/updated annually and as appropriate for each client receiving Title X services. The comprehensive history for women and men includes intake of patient's medical history, past surgical history, family medical history, social history, allergies and medications to inform the clinician of pertinent and applicable services including contraception, pregnancy testing, preconception care, infertility, sexual health services, and related family planning services as defined by Title X QFP.

A health history also guides client education on individual risk reduction as a component of comprehensive primary care and client-centered care.

Each subrecipient is responsible for developing and maintaining updates to EMR templates to reflect the current standards of care.

The components of the health history below are comprehensive for the requirements of Title X programs. Client-centered care allows for agency staff to determine what components need to be addressed for each client that is served.

PROCEDURE:

Comprehensive history review should include:

Medications: Prescription, OTC and Supplements, Medicinal Cannabis

Allergies

Primary care provider: Stressed by Quality Family Planning (QFP) to prevent duplication of services.

Past medical history: (conditions that could affect contraceptive choice or pregnancy)

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)

Hospitalizations, surgeries, injuries: Listing any surgery will assess bleeding and anesthesia challenges.

- Bariatric surgery (MEC guidelines)

Family history: (Immediate or first-degree relatives, guides risk assessment and prevention counseling)

- Myocardial infarction, stroke, or thromboembolic disorder before age 50
- Thyroid disorders
- Genetic or chromosomal disorder
- GYN (breast, ovarian, uterine) and Colon cancer with risk assessment for
 - bilateral breast cancer in one or more female family members
 - multiple cases of breast cancer in the family
 - both breast and ovarian cancer in the family,
 - one or more family members with two primary cases of breast or ovarian cancer

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- Familial GYN conditions (endometriosis, leiomyomas, delayed puberty, PCOS)
- Diabetes.
- High cholesterol
- Hypertension
- Mental illness
- Substance abuse

OB/GYN/REPRODUCTIVE PLAN HISTORY:

Reproductive Life Plan: (Checkboxes could include:)

- No plans for pregnancy for several years
- Considering a pregnancy in 2-3 years
- Considering pregnancy in the next year
- Currently ambivalent regarding pregnancy at this time
- Trying to conceive now
- Currently pregnant, or partner is currently pregnant
- No plans for future pregnancy
- Zika counseling done, as indicated

Gynecologic/Menstrual history:

- Age of menarche
- Menstrual duration, cycle regularity, frequency or cycle length, menstrual blood volume (flow), menstrual pain and impact on ADLs or quality of life
- Date of last normal menstrual period
- Assess for presence of intermenstrual bleeding, dysmenorrhea or other associated symptoms of abnormal uterine bleeding (AUB) using PALM-COEIN classification system, endorsed by International Federation of Gynecology and Obstetrics.

Pap history:

- Date and result of last Pap/HPV test
- Any abnormal Pap tests and follow up
- History of non-compliance with pap follow-up

Obstetrical history:

- Gravity, parity, number of abortions (spontaneous or induced), ectopic pregnancies, premature deaths, living children
- Date of last delivery and intervals between pregnancies, if relevant
- Breastfeeding status if relevant
- Complications of pregnancies
- Infertility or difficulty conceiving
- Prolonged time from discontinuing birth control to conceiving a pregnancy

For men:

- Partner pregnancy status or plans
- Parenthood status
- Urological conditions
- Infertility or difficulty conceiving

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Contraceptive history:

- Current contraceptive method and satisfaction with the current method
- Previous contraceptive methods used
- Problems with past method(s)
- Review of available methods, including FABM, as indicated by client responses

Sexual Health Assessment:

Use the five “P’s” of sexual health counseling: Partners, Practices, Protection from STIs, Past History of STIs, Pregnancy Intention to guide the risk assessment, services, and discussion.

Guide to Taking a Sexual History | STI | CDC

- Partners, sexual orientation and identity
- Date of last sexual encounter or document no history of sexual activity
- Number of partners and any new partners in recent months
- Relationship status (i.e. mutually monogamous)
- Sexual practices; anatomical sites from which to collect specimens for STI testing
- Known or suspected exposure to STIs
- Current STI symptoms
- History of STI or PID
- Illness or evidence of STIs in recent partners
- Use and frequency of condoms to prevent STIs
- Date and results of last STI testing (CT, GC, HIV and Syphilis)
- Awareness, eligibility, or past use of PrEP
- Receipt of HPV, Hepatitis A and/or Hepatitis B vaccination
- Pregnancy intention and/or importance of prevention

Additional information on sexual history taking is available at [Sexual Health and Your Patients: A Provider’s Guide | National Coalition for Sexual Health](#)

ND HHS Taking a Sexual History Prover Reference Card

<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/ProviderReferenceCards.pdf>

The 2021 [Counseling, Testing & Referral Site Policy and Procedure Manual](#) also includes the following risk factors for STIs that can be assessed:

- Resident or staff of a correctional institute
- Client or partner use of IV drugs
- Client or partner use of non-injection drugs (intranasal cocaine, etc.)
- Sex while high or intoxicated
- Trading sex for drugs or money
- Multiple partners
- Anonymous partners
- Internet used to meet sex partners
- Tattoos or body piercing in unsterile environments
- Persons from areas of high prevalence of a type of STI

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Personal social history (as appropriate):

- Marital status
- Employment
- Education (currently in school)
- Social stressors since the last exam

Substance use/abuse risk assessment with counseling/referral as indicated:

- Tobacco (smoking, vaping, chew, nicotine replacement use, secondhand smoke exposure)
- Alcohol (frequency, number of drinks, binge drinking, etc.)
- Drug use including route of use
- Prescription drug use/misuse/abuse
- Willingness to decrease use
- High risk behaviors with substance use
- History of substance use treatment

Psychosocial (as applicable):

- Depression/suicide risk assessment
- Sexual orientation/gender identity
- Bullying/cyber safety
- Peer/intimate relationships
- Self-mutilation
- Adverse Childhood Effects (ACE) risks (eating disorders, molestation, cutting, etc.)

Intimate partner violence (IPV), Domestic violence (DV), and Human trafficking risks:

- History of physical, emotional, verbal or sexual abuse, incest or molestation
- Assessment of safety in the current living situation
- History of counseling for abusive past
- Exchanged sex for money, housing or drugs
- Ability to leave your job or work situation

Immunizations: Documentation of routine vaccinations, age-appropriate immunizations, and relevant vaccine-preventable diseases, as applicable to patient clinical care and guided by patient age, medical history and risk assessment.

Review of systems (usually completed by clinician): Should be conducted to assess symptoms across major body systems. This allows for identification of active concerns, related conditions, in effort to support accurate clinical assessment and diagnosis.

RESOURCES:

ND FPP Protocol Manual <https://www.hhs.nd.gov/cfs/family-planning/grantees>

[HIV.HCV CTR Program | Health and Human Services North Dakota](#)

[The Initial Reproductive Health Visit | ACOG](#)

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[Well-Woman Visit | ACOG](#)

[Well-Woman Chart | WPSI \(womenspreventivehealth.org\)](#)

[Training Packages | Reproductive Health National Training Center \(rhntc.org\)](#)

[Coding Search | Reproductive Health National Training Center \(rhntc.org\)](#)

ND FPP Policy 2.7.7 Recommended Screening for Title X / Comprehensive Care

[FPAR Search | Reproductive Health National Training Center \(rhntc.org\)](#)

American College of Obstetricians and Gynecologists. (2020). Diagnosis of abnormal uterine bleeding in reproductive-aged women (Practice Bulletin No. 128). *Obstetrics and Gynecology*, 120(1), 197-206. Retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2012/07/diagnosis-of-abnormal-uterine-bleeding-in-reproductive-aged-women>