SOUTHEAST OBSTETRICS AND GYNECOLOGY, P.C. CONFIDENTIAL PATIENT HISTORY ANNUAL UPDATE

Name		Phone # Age				Da S M Se	ate_ n '				
Date of Birth Age Marital Statu Primary Care Provider Occupation_						O IVI OC	Ρ	v v	D Ling		
MEDICATIONS Please (or review med list with per-				ALL	ERGIE	:S					
Birth control method (or Do you have any new r		cal problems since your	ast	visi	t? Y	/ N					
		mbers had any new med								_	
REVIEW OF SYSTE		Are you experiencing any of			wing?	Please indicate	_	_	no to all.	1	
	Υ	N	Y	N			Υ	N		Υ	N
Weight gain/loss		Diabetes			Fre	quent cough			Sexual problems		
Marked fatigue		Thyroid disease			Shortness of breath				Vaginal problems		
Ear/Nose/Throat problems		Physical/emotional abuse	;		High I	olood pressure			Hot flashes		
Unusual bleeding/bruising		Depression			Р	alpitations			Abnormal/irregular periods		
Anemia		Anxiety			C	Chest pain			Breast pain/discharge		
Edema/swelling		Numbness/tingling				Rashes			Urinary frequency/urgency		
Swollen glands		Seizures			Abo	dominal pain			Leakage of urine		
Muscle weakness		Headaches			Bloo	dy/dark stools			Kidney problem		
N		WELLNESS						HE	EALTH SCREENINGS		
Smoke? How r	much	per day How many y	ears	?		Pap smear			Date of last test/imm	uniz	atior
Drink alcohol? How	much	per day How many y	ears	s?		Mammogram					
Use street drugs?	Wh	at?				Cholesterol te	st				
Caffeine? How much per day How many years?						Colonoscopy	(>5(0)			
History of physical, emotional, sexual abuse? (Please circle)						Stool blood test (>50)					
Get enough calcium daily?						Last visit with Primary Care					
Do monthly breast self checks?						Immunization up to date Y / N 3 Gardasil (HPV) vaccines received (if < 27 yo) Y / N					
Always wear your seat belt?						Do you have any safety concerns? Y / N					
Exercise regularly? How many times per week?						- With today's visit- would you like: ⊠A chaperone with exam					
Follow a healthy, balanced diet?						⊠Sexual disease testing ⊠HIV testing					
Do you have any prob	lems	s or concerns that you w	oul	d lik	e to d	iscuss with y	ou!	r pl	nysician today?		
										_	
										-	
OFFICE USE ONLY											
I have reviewed the above a	and p	ersonally discussed with patie	nt _						MD Date		