

WELLNESS VISIT

I am here for my annual well woman visit which normally consists of a breast exam, pelvic exam and pap smear. It also includes hormone replacement or birth control.

I understand that I can be charged an additional charge for any consultation and or treatment of any problems that I am having.

If you are covered by Medicare or a Medicare replacement plan, your breast exam and pap smear are covered every 2 years.

Signature/Date of Birth

Date



Parkhill

The Clinic for Women

Established Wellness Update

Today's Date:

PLEASE HELP US UPDATE OUR RECORDS BY ANSWERING THE FOLLOWING QUESTIONS.

Name you go by:

Date of Birth:

Full Legal Name:

Age:

Are you having any problems that need to be addressed today? Please describe in detail:

Allergies and Medications

Current Prescribed Medications:

List all with DOSAGE

Allergies to Medications:

Other Allergies:

Medical History

Have you been diagnosed with any new medical problems since your last wellness visit?

Have you had any surgeries since your last wellness visit?

Do you smoke? Y N How many per day?

Do you perform self breast exams? (Please circle) Monthly? Occasionally?

When was your last mammogram? (Baseline at 35) Where?

Results of mammogram? Normal Other: Describe

When was your last Bone Mineral Density test? Where?

Results of BMD? Normal Other: Describe

When was your last colonoscopy? (Baseline at 50) Where?

Results of colonoscopy? Normal Other: Describe

Have you ever had an abnormal pap? If yes, please describe in detail:

Do you have a family history of breast, ovarian, uterine, or colon cancer? Yes No

If yes - who?

What was the date of your last menstrual period?

How long do periods last?

Describe flow:

Are your menstrual cycles regular? Yes No If no, please describe in detail:

Living children ____ Full Term ____ Pre Term ____ Miscarriages ____

Are you sexually active? Yes No If yes, any problems with intercourse?

What do you use for birth control?

