WELLNESS VISIT

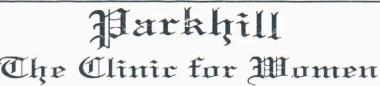
I am here for my annual well woman visit	which normally consists of a
breast exam, pelvic exam and pap smear.	It also includes hormone
replacement or birth control.	

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

Waiver Page 1/1



Established Wellness Update						
Today's Date:						
PLEASE HELP	US UPDATE OUR	RECORI	DS BY ANSWERING THE FOLLO	WING QUEST	TONS.	
Name you go by:			Date of Birth:			
Full Legal Name:			Age:			
Are you having any problems that	need to be addressed to	day? Plea				
		Allergie	s and Medications			
Current Prescribed Medi	cations:					
List all with [OOSAGE					
Allergies to Medi	cations:					
Other A	lergies:					
		Me	edical History			
Have you been diagnosed with an	new medical problems					
Have you had any surgeries since	our last wellness visit?					
Do you smoke? Y N I	How many per day?					
Do you perform self breast exams	P (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			
				- Was		
When was your last colonoscopy?	(Baseline at 50)		Where?			
Results of colonoscopy?	Normal		Other:Describe			
Have you ever had an abnormal pa	p? If	es, please	e describe in detail:			
Do you have a family history of bre	east, ovarian, uterine, or	colon can	icer?	Yes	No	
if yes - who?						
What was the date of your last me	nstrual 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 Terr	n	Miscarriages			
Are you sexually active?	Yes	No	If yes, any problems with intercourse?			
MAIL AND						