

NEW PATIENT FORM

FIRST NAME: _____

LAST NAME: _____

DOB: _____



Cell Phone: _____

Email: _____

Preferred Contact Method: Phone Email

Mailing Address: _____

Marital status: _____ **Preferred Language:** _____

Race: White Black Asian American Indian Native Hawaiian Other: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Other: _____

Occupation: _____

Employer: _____ **SSN:** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone: _____

May we release health information about you to family member(s) or other individual(s):

Yes No **If so, please list:** _____

** Please bring your ID and Insurance Card(s) with you to show to receptionist **

** Copays due at the time of service **

** Private pay or Uninsured Patients: payment for services due at the time of service **

** Kindly give 24 hours' notice for rescheduled or cancelled appointments **

** Multiple no show appointments may be subject to patient dismissal from the practice **

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**GUADALUPE
VALLEY**
WOMEN'S HEALTH CARE CENTER

COMPREHENSIVE HEALTH HISTORY QUESTIONNAIRE

Menstrual History:

At what age did your periods start: _____ Interval: _____ Duration: _____

Last period?: _____ Flow: Heavy Light Painful: Yes No

OB History:

Number of pregnancies: _____ Living children: _____

Voluntary termination of pregnancy: _____ Age of youngest child: _____

Miscarriages: _____

GYN History:

Have you ever been told you had:

Chlamydia, Gonorrhea, or Herpes Yes No

HPV Yes No

Surgical History:

Have you ever had any of the following:

Hysterectomy Yes No

C-Section Yes No

D&C Yes No

Ablation Yes No

Tubal ligation Yes No

Patient Services:

Well Woman Exam

GYN Problem

Birth Control (Pills, Depo, IUD, Nexplanon)

Surgery (pre-Op, post-Op)

Colpo biopsy, Endometrial biopsy, Vulvar biopsy

Consult (referral from another physician)

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MEDICATION LIST

Preferred pharmacy: _____

List your medical allergies: _____

<u>Name of Medication</u>	<u>Dose</u>	<u>Times taken per day</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____