New Patient Office Visit

Name:	Date of Birth:

Current Medications (include hormones, herbs, vitamins, nonprescription medicine)	
Name and Dosage	Name and Dosage
1.	4.
2.	5.
3.	6.

Allergies (please include all drug allergies)	
1.	4.
2.	5.
3.	6.

What is your problem today:

Describe your problem. Location / Quality / Severity / Duration / Timing / Context / Modifying Factors / Assoc. Signs & Symptoms:

Since Your Last Visit:	Yes	No	Please Describe:
Have you been diagnosed with a new medical problem since your last visit?			
Have you had any surgeries since your last visit?			
Have you been diagnosed with a new allergy?			
Do you have any new family history (parents, siblings, children)?			

Annual Care	YES	NO
Do you take Vitamin D – 1000-2000 units a day?		
Caffeine use - how many drinks per day?		
Have you seen your PCP in the last year?		
Did they do lab work?		
What year was your last Mammogram? Bone Density? Colonoscopy?		

Menstrual History	YES	NO
Are you menopausal?		
Have you had a hysterectomy?		
Are you currently pregnant?		
What was your age at your first menstrual period?		
Date of your last menstrual period:		
Are your periods regular (28-30 days)?		
If No, what is the interval between your periods? (Number of Days)		
How many days of bleeding do you have?		
How many heavy days?		
Do you have pain with your period?		
If Yes, how bad is that pain? Minimal Mild Moderate Severe		
Do you have a problem with heavy bleeding?		
Do you bleed after intercourse?		
Do you have bleeding between your periods?		
If Yes, how bad is that bleeding? Light Medium Heavy Occurring? Early Mid-cycle Late Just prior to menses Random		

Contraception	YES	NO
Are you in a sexual relationship? Male Female		
Do you have pain with intercourse?		
Are you trying to become pregnant?		
Do you have questions about sexual function, contraception, or infections?		
Permanent Sterilization Method: Essure Tubal Ligation Vasectomy Hysterectomy None		
What type of contraception do you currently use? None Essure Tubal Ligation Hysterectomy Same Sex Partner Abstinence Rhythm Method Male Withdrawal Condoms Spermicides Diaphragm Nexplanon Norplant Pills Patch Ring Shot IUD-Paragard IUD-Mirena Implanon IUD-Liletta		
What type of contraception have you previously used? None Abstinence Rhythm Method Same Sex Partner Male Withdrawal Condoms Spermicides Diaphragm Norplant Pills Patch Ring Shot IUD-Paragard IUD-Mirena Implanon Nexplanon IUD-Liletta IUD-Skyla		