

Dear Patient,

In an effort to provide the best experience during your office visit today, please take a few minutes to complete the following questions. It will help us keep current on very important health issues affecting you and it will allow the most efficient use of time with the Doctor. Thank You!

CONTRACEPTION

- 1. Are you currently using hormonal contraception (birth control)? Yes\_\_\_ No\_\_\_
- 2. If so, what form of Birth Control are you using?  
\_\_\_\_\_
- 3. Are you planning your next child within the next year? Yes\_\_\_ No\_\_\_
- 4. Would you like information on a non-hormonal, non-surgical Permanent Birth Control option performed in the comfort of our office? Yes\_\_\_ No\_\_\_

MENSTRUAL PERIODS

- 1. How long does your average Monthly Period last? \_\_\_ days
- 2. Do you ever feel as though your periods impact your quality of life? Yes\_\_\_ No\_\_\_
- 3. Do you every experience irregular or inconsistent bleeding patterns? Yes\_\_\_ No\_\_\_
- 4. Would you like information on a simple, safe procedure performed in our office that can significantly reduce or eliminate your monthly periods? Yes\_\_\_ No\_\_\_

URINARY HEALTH

- 1. Do you ever leak urine when you cough, laugh or sneeze? Yes\_\_\_ No\_\_\_
- 2. Do you ever feel as though you have to urinate urgently? Yes\_\_\_ No\_\_\_
- 3. Do you feel like you have to urinate too frequently? Yes\_\_\_ No\_\_\_
- 4. Do you ever experience painful urination? Yes\_\_\_ No\_\_\_

AESTHETICS / OTHER

(Please indicate any area of interest)

Laser Hair Removal \_\_\_\_\_ Dietary Supplements, Weight Loss Program, etc. \_\_\_\_\_

Laser Vein Therapy \_\_\_\_\_ Permanent Tattoo Removal \_\_\_\_\_ Gardasil Vaccination (Age 9 - 26) \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Total # of Live Pregnancies \_\_\_\_\_ # of

Miscarriages/Abortions \_\_\_\_\_

First Day of Last Menstrual Period \_\_\_\_\_ Method of Birth Control

(Hormonal/Surgical) \_\_\_\_\_

Last Pap Test \_\_\_\_\_

Last Mammogram \_\_\_\_\_

Last Dexa Scan \_\_\_\_\_

Reason for This Visit:

\_\_\_\_\_

\_\_\_\_\_