

MEDICAL HISTORY Page 3

Your Name: _____

Date of Birth: _____

Health Care Maintenance

PLEASE COMPLETE EACH BOX BELOW

(for example, cholesterol 2000 normal)

	Date/Results:	Recommendations:	Check If Desired:	Available at AGA
Pap		Yearly or per provider		*
Mammogram		Baseline 35–40/Every 1–2 years 40–50 Years/50 and yearly		
Screening for Sexually Transmitted Diseases such as Chlamydia, Gonorrhea		Yearly under 25 or as needed		*
**HIV Screen, Syphilis screen, Hepatitis A, B and C screen		As needed		*
Cholesterol / Lipid Profile		Every 5 years, sooner if abnormal		*
Thyroid Blood Tests		Every 5 years after 40		*
Colonoscopy (Scope to examine colon for polyps/cancer)		Screening at 50, then every 5-10 years		
Bone Density Test QUS (heel ultrasound) **DEXA (x-ray test hip and spine)		Menopause or other risk factors Depo-Provera use Eating disorder Low calcium intake		* *
<i>Those immunizations not available at AGA may be available at Pediatrician, Family Practice, Internal Medicine office or Health Department</i>				
Immunizations:	Diphtheria, Pertussis, Tetanus		Every 10 years	*
	Measles, Mumps, Rubella		If born 1957 or later, 2nd dose after childhood	
	Hepatitis B, Hepatitis A		Teens, Young Adults	*
	Meningitis		Teens, Young Adults	
	HPV (Gardasil)		Teens, Young Adults	*
	Pneumovax		65 and older every 5 years	
	Zostovax (Shingles Vaccine)		60 and older	

**Please check with your insurance company before your visit to see if they cover these particular tests. They may be less expensive at Any Lab or the Health Department.

Who is your internist/family physician? _____

Would you like a referral? No Yes (Please provide us with a list of doctors on your plan)

Did you know? * Condoms save lives!

- People who exercise live longer. You are what you eat. We recommend a low fat, lower carbohydrate diet.
- Sunscreen use helps prevent skin cancer.
- Seat belts save lives! (Car accidents are the number 1 cause of death in females 13–39 years of age.)
- Most girls/women do not get enough calcium. Most need 1000–1500 mg a day!
- Smoking causes wrinkles, osteoporosis, low birth weight babies, emphysema and lung cancer.
You can quit! We can help!
- No woman ever deserves to be battered. If you do not feel safe, we can help! Tell us!!

I voluntarily give my consent for Atlanta GYN Associates, PC physicians (or any medical personnel under their supervision) to provide office gynecological care, including examinations, diagnostic testing (e.g., blood, urine, and ultrasound) and injections. This authorization remains in effect until I notify the office in writing that I no longer wish to receive care from this practice.

I have received and reviewed a copy of AGA, PC's HIPPA's notice of privacy practices.

If under 18 years of age, complete:

Signature of Patient Date

I, as custodial parent or legal guardian of _____, authorize examination and treatment of my child.

Signature Date

Reviewed