**ANNUAL EXAM** **Atlanta GYN Associates, P.C.**

Your Name: _____
Your Date of Birth: _____ Age: _____
Today's Date: _____

**Has your insurance information changed since your last visit?**
(circle) Yes No (If yes, please give new card to receptionist.)

**Please list or circle problems you are having:**

| | | |
|---|---|---|
| Menopause | Pelvic pain | Birth Control Issues |
| Abnormal bleeding | Irregular periods | Vaginal discharge |

_____

Please describe why you are here today, and list any problems you have been experiencing or concerns you have: _____

_____

_____

_____

_____

**Last Menstrual Period?**
Date: _____
Normal? (circle) Yes No
Usual length: _____ days
Usual frequency: _____ days
Problems (circle) Yes No
Number of pads/tampons per day:
Clots: (circle) Yes No Size: _____
Recent changes? _____

**Contraception?**
Methods:
Problems (circle) Yes No
Condom Use (circle) Yes No
Sexually active (circle) Yes No
Ever had sex (circle) Yes No

**Hormones? Name/Dosage/Schedule**
_____
_____
_____
_____
Problems (circle) Yes No
If yes, describe:

**Present Health Status:**
Since your last annual exam:
Who is your internist/family physician? _____

Any new medical problems (circle) Yes No
If yes, describe: _____

Any new surgical procedures (circle) Yes No
If yes, date/describe: _____

**Drug Allergies** (list): _____
Latex Allergy? Yes No

**Present Medications** (list with dosage):
Include over the counter, vitamins
and herbal supplements

_____ _____
_____ _____
_____ _____

*If you are taking more than 2 medications, we recommend these be typed and brought to all of your appointments.*

Any new major illnesses in your family (circle) Yes No
If yes, describe: _____

Circle any areas where you have problems or concerns and describe:
Heart Lungs Kidneys Headaches Stomach/GI tract

**THE BEST PHONE NUMBER TO REACH ME/LEAVE A PRIVATE MEDICAL MESSAGE IS:** _____
If your address has changed, please notify receptionist.

☐ Reviewed