

Dear Patient,

Welcome to Women's Health Associates. We are happy that you have entrusted your healthcare to us, and we look forward to serving you. To expedite the new patient process, please **complete the enclosed forms and either return by mail or in person at least 7 days prior to your appointment date.** We reserve the right to reschedule your appointment if your paperwork is not received by this time. Our office hours are Monday thru Thursday 7:45 am - 12:00 pm and 12:30 pm to 5:00 pm. We are closed on Fridays.

Please note the following requests for your initial and future visits:

1. Please arrive 15 minutes prior to your appointment time.
2. Please bring a list of all medications that you are currently taking and a list of drug allergies with you.
3. Please do not wear any perfumes or powders to our office. Many of our patients and staff are allergic to them.
4. Please bring your current insurance cards. Failure to do so, and you will be responsible for the services rendered in full.
5. If you are unable to keep your appointment, please notify our office at LEAST 24 hours prior to your appointment time. There will be a \$25 fee for appointments canceled or rescheduled less than 24 hours of the scheduled appointment time.
6. Missed appointments will be charged a \$25 fee. A second missed appointment results in a \$50 fee and a third missed appointment will result in dismissal from this practice.
7. If you realize that you are running late for your appointment please call and notify us. If you are more than 10 minutes late for your appointment, we may reschedule your appointment.
8. Please request written prescriptions at the time of your visit. There will be a \$5 fee for prescriptions obtained (called in, written or faxed) outside of your appointment time. There is a \$15 fee for a long distance prescription call-in.
9. The use of cell phones is prohibited in this office.

If you have any questions or need further directions to our office, please do not hesitate to call. We look forward to seeing you and meeting your healthcare needs.

Sincerely,



Cindy G.
Besson, M.D.

Women's Health Associates

Name: _____

Date: _____

Date of birth: _____

NEW PATIENT QUESTIONNAIRE

Current marital status: **S** **M** **W** **D** **Sep**

Occupation: _____

Do you smoke? **Y** or **N** If so, how much? _____

Do you drink alcohol? **Y** or **N** If so, how much? _____

What do you do for exercise? _____

Who is your primary care doctor? _____

When was the last time you had the following testing:

Cholesterol: _____ Bone density: _____ Pap: _____

Mammogram: _____ Colonoscopy: _____

Are you having periods? **Y** or **N** If so, when did the last one start? _____

Are you menopausal (stopped having periods)? **Y** or **N**

If so, what age did you stop having periods? _____

List your drug allergies: _____

List your current medications: (list on back if more space is required)

Please list your preferred Pharmacy and location

Please list your **family** medical history:

Please list your **personal** medical history:

Please list any surgeries you have had:

How many pregnancies have you had? _____

c-sections _____ # normal vaginal deliveries _____ # miscarriages _____

stillbirths _____ # abortions _____

FOR MEDICARE PATIENTS ONLY

Medicare will pay for a pap smear every other year. It is recommended of this office that you have yearly pap smears; however, we understand that financially it may not be feasible. The cost is \$78 if Medicare does not pay for it, and if Medicare does not pay, your secondary will not pay. Please choose ONE of the following:

_____ **I DO NOT** want my pap smear done this year if it was done last year.

_____ **I DO** want my pap smear done this year.

(Please note that we will file all charges to Medicare and secondary insurances before billing you.)