Women's Health associates

Date: _____

Pt. Label

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** Are you menopausal? **Y** or **N**

If so, when did the last one start? _____ If so, what age did you stop having a period? _____

List your drug allergies: _____

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

_____ _____ _____ _____

What Pharmacy do you use? _____
(Please give location if necessary ie: CVS (York St., Richland Ave., Whiskey Rd. etc.)

Have there been any changes with your family medical history? **Y** or **N**

If so, what changes? _____

Have there been any changes with your personal medical history or have you had any surgeries? **Y** or **N**

If so, what changes? _____

Are you interested in: (Check All That Apply)

_____Permanent Hair Removal _____Stretch Mark Reduction _____Scar Reduction _____Skin Rejuvenation

_____Body Contouring _____Vaginal Rejuvenation _____Reduction of Wrinkles, Sun Damage and Facial Veins

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).