

Women's Health Alliance, P.A.
pka
WILKERSON OBSTETRICS & GYNECOLOGY

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NEW PATIENT HISTORY FORM

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CHART NO. _____

PLEASE PRINT _____ **DR.** _____ **DATE** _____

Name _____ Race _____ Age _____ Birth Date _____ S M W D Sep.

Address _____ Home Phone _____

Occupation _____ Work Phone _____ Cell Phone _____

SS# _____ Height _____ Weight _____ Referred By _____

Partner's Name _____ Birth Date _____ SS# _____

Occupation _____ Business Phone _____

MENSTRUAL HISTORY: Date of last period _____ Regularity _____ Birth Control Method _____

OBSTETRICAL HISTORY: Total # of Pregnancies _____ # Living _____ # Abortions _____ # Miscarriages _____

| Date | Type of Delivery | Weight | Sex | Complications | Child's Name |
|------|------------------|--------|-----|---------------|--------------|
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SURGICAL HISTORY:

| Date | Surgery Performed |
|------|-------------------|
| | |
| | |
| | |

MEDICAL HISTORY: (patient and family): (Pt = Patient; F = Family)

| Description | Pt | F | Description | Pt | F | Description | Pt | F |
|-------------------|----|---|----------------|----|---|---------------------|----|---|
| Heart Disease | | | Diabetes | | | Blood Anemia/Transf | | |
| Hypertension | | | Thyroid Endoc. | | | Mental/Emotional | | |
| Pulmonary Disease | | | Gyn | | | Phlebitis | | |
| Breast Problems | | | Herpes | | | Seizures | | |
| Hepatitis | | | Syphilis | | | Cong. Anomalies | | |
| Kidney Disease | | | Gonorrhea | | | Breast Cancer | | |
| Uterine Fibroids | | | Venereal Warts | | | Ovarian Cancer | | |

Allergies _____
Tobacco _____ Drugs _____
Alcohol _____

OTHER MEDICAL HISTORY:

MEDICATIONS: