

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

JAMES A. MONG, M.D., FACOG
JEAN W. CARTER, M.D.FACOG
MICHELE MARTIN, M.D.FACOG

ANDREA D. ROCHE, M.D., FACOG
PHELICIA A.C. FLANAGAN, M.D., FACOG
MICHELLE M. HOMEISTER, M.D., FACOG

NEW PATIENT HISTORY FORM

CHART NO. _____

PLEASE PRINT

DR. _____ DATE _____

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

Address _____ Home Phone _____

Occupation _____ Business 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

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: