

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**

**PLEASE PRINT**

**CHART NO.** \_\_\_\_\_

**DR.** \_\_\_\_\_ **DATE** \_\_\_\_\_

Name \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ S M W D Sep.

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 |
|------|------------------|--------|-----|---------------|--------------|
|      |                  |        |     |               |              |
|      |                  |        |     |               |              |
|      |                  |        |     |               |              |
|      |                  |        |     |               |              |

**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:**