ALICE BABST-PRESTIA, M.D. & ANNE GRIEPSMA, APRN, FNP **DATE: _____**

NAME: _____ DOB: _____ AGE: _____ SSN# _____

ADDRESS: _____CITY/STATE/ZIP_____

HOME# _____CELL#_____EMERGENCY CONTACT/NUMBER:_____

INSURANCE POLICY HOLDER NAME: _____PHARMACY/LOCATION_____

REASON FOR VISIT: _____

PATIENT MEDICAL HISTORY

PATIENT PROBLEM(S)/PAST MEDICAL HX: (*Ex: hypertension, diabetes*)_____

_____

MARITAL STATUS □*MARRIED* □*SINGLE/LIVING WITH PARTNER* □*SEPARATED* □*DIVORCED* □*WIDOWED*

TOBACCO USE: □*CURRENT SMOKER* □*FORMER SMOKER* □*NEVER SMOKED*

FAMILY HISTORY: □*BREAST CANCER* □*OVARIAN CANCER* □*COLON CANCER* □*BLOOD CLOTS* □*OSTEOPOROSIS*

SURGICAL /PROCEDURE(S) _____

_____

OBSTETRICAL HISTORY: ***#OF PREGNANCIES***___ ***#OF MISCARRIAGES***____ ***#OF ECTOPICS***___ ***#OF ADOPTED***___
#OF DELIVERIES_____ ***DELIVERY MODE****:* (#of cesarean deliveries_____ #of vaginal deliveries_____)

HEALTH MAINTENANCE:

LAST PAP SMEAR: _____ □*NORMAL* □*ABNORMAL*
*LAST MAMMOGRAM:*_____ □*NORMAL* □*ABNORMAL*
LAST BONE DENSITY: _____ □*NORMAL* □*OSTEOPENIA* □*OSTEOPOROSIS*
LAST COLONOSCOPY: _____ □*NORMAL* □*ABNORMAL*

MEDICATIONS:_____

_____

_____ **ALLERGIES:** _____

USING CONTRACEPTION? □ **YES** *(select method)* □*PILLS* □*PATCH* □*IMPLANT* □*IUD* □*NUVA RING* □*SHOT* □*CONDOMS* ***NAME OF CONTRACEPTION:***

_____ □ **NO**

(select reason) □*ABSTINENCE* □*TRYING TO CONCEIVE* □ *NFP* □*MENOPAUSAL* □*HYSTERECTOMY* □*TUBAL LIGATION* □*ESSURE COILS* □*PARTNER/SPOUSE HAS VASECTOMY* □*OTHER*_____

TAKING HORMONE REPLACEMENT THERARY? □**NO** □**YES** *(name of hormone(s)*_____

ARE YOU CURRENTLY PREGNANT? □ YES □ NO **ARE YOU CURRENTLY BREASTFEEDING?** □ YES □ NO

LAST MENSTRAL CYCLE: _____ (*if no cycle, select reason)* □*MENOPAUSAL* □*HYSTERECTOMY* □*ABLATION* □*BIRTH CONTROL/SHOT* □*UNKNOWN*

**********FOR OFFICE USE ONLY**********

WEIGHT: _____ HEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____

URINE: _____ COMMENTS: _____

5/15/18 - KH