



The Women's Center, PLLC
 12301 NE 10th Place, Suite 100
 Bellevue, WA 98005
 425-827-0100

ESTABLISHED PATIENT ANNUAL EXAM

Name: _____

Age: _____ Date: _____

Date of:

Last gyn exam: _____

Last pap: _____ Normal? _____

Last mammogram: _____ Normal? _____

Last bone density test: _____ Normal? _____

Last Colonoscopy: _____ Normal? _____

Menstrual cycles:

First day of last period: _____

- Period occur: _____ Every 25-31 days
 _____ More than 31 days apart
 _____ Less than 25 days apart
 _____ Irregularly

Contraception type: _____

Bladder leakage? Yes _____ No _____

Vitamin D level? _____

Current Medications: _____

Vitamins/Supplements: _____

List new Medical issues/surgeries since last seen: _____

New Allergies: _____

New Family History: _____

Concerns for today's visit: _____

Smoking tobacco? Yes _____ No _____

Recreational Drugs? Yes _____ No _____

Alcohol use more than 4 oz daily? Yes _____ No _____

Exercise at least 3 times a week? _____

Do you wish to be tested for sexually transmitted disease?
 Yes _____ No _____

Please Circle Current Conditions:

*Chills Fatigue Fever Night sweats Unintentional Weight Gain
 Unintentional Weight Loss*

Chest pain Dizziness Palpitations Racing Heart

Cough Shortness of breath Wheezing Seasonal allergies

Joint aches Low back pain Limb pain Muscle pain

Atypical moles Rash

*Fainting Headaches Memory Loss Tingling Seizures Tremors
 Weakness*

Easy bruising Excessive bleeding

*Hair loss Heat/cold intolerance Hairiness Hot flashes
 Increased skin pigmentation Infertility Excessive sweating
 Excessive thirst*

*Poor concentration Suicidal thoughts Poor/excessive appetite
 Poor/excessive sleep*

Primary Physician: _____

ONLY FILL IN THIS INFORMATION IF IT HAS CHANGED SINCE YOUR LAST VISIT:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(1) EMAIL ADDRESS: _____

(2) HOME PHONE: _____

(3) CELL PHONE: _____

(4) WORK PHONE: _____

MAY WE LEAVE APPOINTMENT INFO: 1 2 3 4

MAY WE LEAVE MEDICAL INFO: 1 2 3 4

EMERGENCY CONTACT: _____

EMERGENCY TELEPHONE NUMBER: _____

SPOUSE/PARTNER NAME: _____

EMPLOYER: _____