

## *Lovitt Gynecology & Women's Health*

**7150 E Hampden Ave, Suite 202**

**Denver, CO 80224**

**Phone: 720-536-4394 Fax: 720-536-4397**

<b>NAME:</b>	<b>AGE:</b>	DATE:
DATE OF LAST PERIOD: (MENOPAUSE)	# OF PREGNANCIES:      BIRTHS:	DATE OF BIRTH:
# OF DAYS OF MENSTRUAL BLEEDING:	EVER SEXUALLY ACTIVE: YES NO	CONTRACEPTION: pills/ring IUD tubal vasectomy other:
# OF DAYS BETWEEN PERIODS:	DATE OF LAST PAP:	ANY ABNORMAL PAPS IN LAST 10 YRS:
HISTORY OF ANY STI'S: (sexually transmitted infections)	HISTORY OF HERPES: YES NO HISTORY OF COLD SORES: YES NO	HPV/Cervical Cancer VACCINE: YES NO

<b>Medication Allergies:</b>	
<b>Current Medications &amp; Dose</b>	

<b>Medical Problems:</b>	Diabetes      High Blood Pressure      Thyroid Disease DVT (blood clot)      Headaches      Anemia Other:
<b>Surgeries:</b>	Hysterectomy: Yes No      Ovaries removed: Yes No Other Surgies:

<b>Family History:</b>	Breast Cancer      If yes, who:
	Ovarian Cancer      If yes, who
	Colon Cancer      If yes, who
	DVT (blood clot)      If yes, who

<b>Social History:</b>	Tobacco use?    yes    no	How much?
	Alcohol use?    yes    no	How much?
	Drug Use?      yes    no	How much?
	Exercise?      yes    no	How much?
	Seat Belt Use? yes    no	
	Type of work?	Stressful? yes    no

**Pharmacy of Choice:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Zip Code of Pharmacy:** \_\_\_\_\_

**Phone # of Pharmacy (not store):** \_\_\_\_\_

Pt Initials:

Why are you here today? Annual exam

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***Your insurance should pay for 1 annual exam per year without a co-pay. However to qualify as an annual exam the visit needs to focus only on prevention of problems. If you have any concerns, your insurance company will consider that a "problem visit" and will charge applicable co-pays. Sometimes, if we try to do both a "preventative visit" and a "problem visit" on the same day, the insurance company will charge for both visits and your "annual exam" may no longer be covered. It is safest for you to discuss any problems/concerns today and return for your annual exam on another day.***

**Are you having any issues with the following? (Please circle answers)**

<b>General Health:</b>	weight loss    weight gain    fever    fatigue Other:
<b>Eyes:</b>	vision change Other:
<b>Mouth/Nose:</b>	ulcers            sinusitis            headaches Other:
<b>Heart:</b>	chest pain    palpitations            difficulty breathing Other:
<b>Respiratory:</b>	wheezing    cough            sputum production Other:
<b>Intestinal:</b>	diarrhea    constipation            excess gas Other:
<b>Urinary:</b>	incontinent            urgency            frequency Other:
<b>Sexual Health:</b>	decreased sex drive    painful sex    difficulty with orgasm other:
<b>Muscle/Skeletal:</b>	weakness            joint pain Other:
<b>Skin:</b>	acne            moles            rash Other:
<b>Breasts:</b>	lumps            discharge    pain Other:
<b>Neuro:</b>	seizures    passing out            numbness Other:
<b>Moods:</b>	depression            anxiety            obsessive Other:
<b>Hormones:</b>	hot flashes    mood swings            excess facial hair Other:
<b>Heme/Lymph:</b>	swollen lymph nodes            easy bleeding Other:
<b>Allergy/Immune:</b>	

