



STEVEN S. MAGGID, M.D., F.A.C.O.G.
 CORLISS D. NEWHOUSE, M.D., F.A.C.O.G.
 BARBARA J. BUTLER, M.D., F.A.C.O.G.
 V. ASHOK RANGNATH, M.D., F.A.C.O.G.
 ALICE M. CHAPMAN, M.D., F.A.C.O.G.
 SARA B. LEITHEISER, M.D.
 RACHEL M. GHAMAN, PA-C

Return Gynecological Appointment Patient Questionnaire

Name _____

Date _____

DOB _____

Primary Care Physician _____

Pharmacy Name _____

First Day of Last Menstrual Period _____

Pharmacy Address _____

Method of Birth Control _____

Reason for Visit:

☐ Routine exam (Annual exam / Well Woman Exam)

☐ Problem visit _____

Medications (any new medications since your last appointment?)

☐ **No new medications**

☐ Yes Name _____ Dosage per day _____

Allergies (any new medication allergies since your last appointment?)

☐ **No new allergies**

☐ Yes Name _____ Reaction _____

Medical History: (since your last appointment)

☐ **No new medical illnesses**

☐ Yes _____

Family History (since your last appointment has anyone been diagnosed with)

☐ **No changes**

☐ Breast cancer _____ ☐ Ovarian cancer _____ ☐ Colorectal cancer _____

Screening Please enter date of

Last Mammogram _____ Last colonoscopy _____ Last DEXA scan _____

Have you received the HPV vaccine? Y N

Provider Notes _____ BP _____ weight _____ BMI _____
 PAP CBC hCG TFT Prolactin UA C&S
 cult x5 STD cult STD labs T&S
 PCO Anov panel MP panel progesterone

SPECIALIZING IN OBSTETRICS, GYNECOLOGY AND INFERTILITY

2301 RESEARCH BOULEVARD • SUITE 215 • ROCKVILLE, MD 20850 • (301) 424-3444 • FAX (301) 926-0655
 10801 LOCKWOOD DRIVE • SUITE 290 • SILVER SPRING, MD 20901 • (301) 593-5595 • FAX (301) 754-0947