



We Care Medical Group, PC
520 Bustleton Pike, Ground floor
Feasterville, PA 19053
P: (215) 631-3873 Fax: (215) 631-3899

NAME AGE

ADDRESS

HOME PHONE EMAIL ADDRESS
WORK PHONE DATE OF BIRTH
CELL PHONE

PREFERRED PHONE TO CONTACT YOU _____ MARITAL STATUS _____
LANGUAGE PREFERENCE
SOCIAL SECURITY NUMBER RACE

EMERGENCY CONTACT NAME AND PHONE

PRIMARY CARE PHYSICIAN:
PHONE:
FAX:

MAY WE SHARE YOUR RECORDS WITH PRIMARY CARE PHYSICIAN? YES / NO
MAY WE LEAVE A MESSAGE ON YOUR MACHINE? YES / NO

YOUR PHARMACY NAME:
ADDRESS:
PHONE:

PLEASE, LIST YOUR PAST / CURRENT MEDICAL PROBLEMS INCLUDING GYN

PREVIOUS HOSPITALIZATIONS AND SURGERIES INCLUDING GYN



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ALLERGIES

PLEASE, LIST YOUR CURRENT MEDICATIONS WITH DOSES AND FREQUENCY

PLEASE, LIST ANY MEDICAL PROBLEMS IN FAMILY MEMBERS WITH AGE OF ONSET (HYPERTENSION, DIABETES MELLITUS, CANCER)

MOTHER:
FATHER:
BROTHER/SISTER:
OTHERS:

GYNECOLOGICAL HISTORY

LAST MENSTRUAL PERIOD?

Periods are (were): regular irregular painful crampy heavy light
 other _____

Age periods began: _____ # days of bleeding _____
cycle length (days) _____

IF MENOPAUSE, HOW MANY YEARS OR MONTHS?

HOW MANY MISCARRIAGES / ABORTIS DID YOU HAVE?

 /

HOW MANY CHILDREN DO YOU HAVE?

HOW MANY TOTAL PREGNANCIES DID YOU HAVE?

Date of last PAP smear? _____

Physician (facility) who performed? _____

Have you ever had an abnormal PAP smear? YES / NO _____

Have you ever had colposcopy, cervical biopsy? YES / NO _____



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Date of last MAMMOGRAM? _____

Have you ever had an abnormal MAMMOGRAM? YES / NO _____

Have you ever had breast biopsy? YES / NO _____

Have you ever notice breast skin, nipple changes or any lumps in your breast? YES / NO _____

Do you use a birth control method? YES / NO If YES, what kind? _____

How long time? _____

SMOKING HISTORY?

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DO YOU DRINK ALCOHOL? IF YES, HOW OFTEN?

--

DO YOU EXERCISE? HOW FREQUENT?

--

HISTORY OF ANY DRUGS USE? MARIJUANA?

--

YOUR OCCUPATION?

--

WHO DO YOU LIVE WITH?

--

HOW DID YOU HEAR ABOUT OUR OFFICE?

FACEBOOK

FRIENDS / FAMILY

INSTAGRAM

PHYSICIAN, NAME _____

INTERNET SEARCH/GOOGLE

ZOCDOC