

OBGYN-CARE

www.obgyn-care.net

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Intake H&P

Patient Name: **Date:**

Chief complaint:

For what conditions are you seeking medical attentions today? *(Check all that apply)*

- Pregnancy care
- Annual well woman exam
- Preventive care
- Breast mass and exam
- Abnormal Bleeding (heavy periods, bleeding between periods, irregular periods)
- Pelvic Pain (During Period, between periods)
- Urinary Incontinence (loss of bladder control)
- Urinary Urgency
- Pelvic prolapse (bulge or protrusion in the vagina)
- Constipation or difficulties with bowel movements
- Anal incontinence (problem with bowel control)
- Bladder pain
- Pain during Intercourse
- Other *(specify)*:

Evolution

Please write a short description of the evolution of your symptoms (e.g. duration of pain, intensity, ameliorating factors):

.....
.....

Past medical history

Please list any medical condition diagnosed in the past:

- | | |
|---|---|
| <input type="radio"/> High blood pressure | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes | <input type="radio"/> Ulcerative colitis/Crohn |
| <input type="radio"/> Thyroid problem | <input type="radio"/> Stomach ulcers/reflux |
| <input type="radio"/> Bleeding problems | <input type="radio"/> Infectious (HIV or other) |
| <input type="radio"/> Kidney problems | <input type="radio"/> Osteoporosis |
| <input type="radio"/> Urinary infections | <input type="radio"/> Glaucoma, cataracts |
| <input type="radio"/> Heart disease, arrhythmia, murmur | <input type="radio"/> Cancer |
| <input type="radio"/> Liver disease/hepatitis | <input type="radio"/> Arthritis |
| <input type="radio"/> Other <i>(specify)</i> | <input type="radio"/> Venereal diseases (STD) |

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Past Surgical History

Please list any surgeries you have ever had:

- Ablation
- Appendectomy
- Back Surgery
- Bladder Surgery
- Breast Surgery
- Cervical Procedure
- Cesarean Section
- Cholecystectomy (Gall Bladder)
- Dilation and Curettage (D&C)
- Other (specify).....
- Ectopic Pregnancy
- Hysterectomy
- Hysteroscopy
- Knee Surgery
- Laparoscopy (Exploration of the Abdomen)
- Other Ovarian Surgery
- Thyroidectomy
- Tubal Ligation / Essure

Reproductive history

- Number of pregnancies:
- Number of born children:
- Number of vaginal deliveries:
- Number of cesareans:
- Number of miscarriages:
- Other relevant info:.....
- Date of last period:
- Date of last PAP:
- Have you ever had abnormal PAP?
- Birth control (yes/no):

Allergy list (include medication, iodine, latex, seafood, etc.)

Please list any allergies you are aware of with the reaction you have to respective:

Medications (include prescribed medicine, over the counter, traditional remedies, etc)

Please list all the medications you are currently using with doses and time of day:

Family history

Please list any major illnesses within your close relative:

Maternal side:

Paternal side:

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Lifestyle:

Tobacco use (if yes, how much, for how long).....

Drugs use (include any past or present recreational drug use)

Alcohol use (if yes, how much, how often)

Marital status (circle): Single Married Divorced Widowed

Occupation:

Complete review of systems (circle any current or recent problems with following)

Constitutional

- Recent weight change
- Fever or chills
- Headache
- Other.....

Eyes

- Glaucoma
- Loss of vision
- Blurry/double vision
- Other

Ear, nose, throat:

- Hearing loss
- Ear/sinus infections
- Sore throat
- Other

Cardiovascular

- Chest pain or angina
- Palpitations
- Swelling of the legs
- Other

Respiratory

- Cough
- Wheezing
- Shortness of breath
- Other

Gastrointestinal

- Abdominal pain
- Nausea and vomiting
- Changes in stool
- Other

Genitourinary:

- Leakage of urine
- Frequent urination
- Abnormal bleeding
- Other

Hematologic

- Easy bruising/bleeding
- Anemia
- Swollen glands
- Other

Endocrine

- Too hot or too cold
- Fatigue/weakness
- Excessive thirst
- Other

Musculoskeletal:

- Back pain
- Neck pain
- Joint pain
- Other

Neurologic

- Seizures
- Dizziness
- Numbness/tingling
- Other

Psychological

- Depression
- Anxiety
- Bipolar
- Other