

# DUNWOODY OBSTETRICS & GYNECOLOGY, P.C.

## PATIENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Since your last visit to our office, your life may have changed and this may affect your health. Please help us to provide the best health care for you by completing this short questionnaire.

Circle one

If Yes, please specify.

Have you changed your occupation?..... Yes No \_\_\_\_\_

Do you have any problems at home?.....Yes No \_\_\_\_\_

Has there been any change in your relationship with your husband, partner, or boyfriend?.....Yes No \_\_\_\_\_

Has there been a change in your periods?.....Yes No \_\_\_\_\_

Date of your last period? \_\_\_\_\_

Do you use a method of contraception?.....Yes No  
If yes, what type? pills IUD diaphragm condoms  
natural rhythm sponge spermicide  
other \_\_\_\_\_

Do you use it regularly? Are you/your partner satisfied with this method? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want information about birth control?.....Yes No

Date of last Pap test? \_\_\_\_\_

Do you have any questions about safer sex?.....Yes No \_\_\_\_\_

Do you smoke cigarettes?.....Yes No How many per day? \_\_\_\_\_

Do you use street drugs?.....Yes No \_\_\_\_\_

Do you drink alcohol?.....Yes No How often? How much? \_\_\_\_\_

Have you ever felt the need to cut down on your drinking?.....Yes No

Are you exercising?.....Yes No How often? What type? \_\_\_\_\_

Have you had any illness?.....Yes No \_\_\_\_\_

Have you seen any of your other doctors recently?.....Yes No \_\_\_\_\_

Are you taking any medicines now?.....Yes No \_\_\_\_\_

Have you ever had a cholesterol test?.....Yes No When? \_\_\_\_\_

Please answer if you are over 39:

- Date of your last mammogram? \_\_\_\_\_
- Date of your last stool test? \_\_\_\_\_

What brings you to our office today? \_\_\_\_\_  
\_\_\_\_\_

Do you have any questions, problems or concerns that you would like to discuss with us today? \_\_\_\_\_  
\_\_\_\_\_

The method of payment I will be using for my visit today is: Cash  Check  MC/Visa  Other