SHELNUTT
GYNECOLOGY

New Patient

Welcome to Shelnutt Gynecology! How did you hear about us?

☐ Online
☐ Facebook
☐ Referral _____
☐ Friend
☐ Google
☐ Other _____

Name: _____

Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Social Security Number: _____

Email: _____

Employer: _____

In Case of Emergency Notify: _____

Emergency Contact Phone: _____

I acknowledge that a copy of the privacy notice was made available to me and that I was provided an opportunity to ask questions regarding the notice and its concerns.

Insurance Information

Name of Insurance Company: _____

Insured's Name: _____

Insured's SSN (if different than patient): _____

Insured's Employer: _____

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I hereby authorize Dr. Judson Shelnutt to release all necessary information to my insurance company to secure insurance payment. A photocopy of this assignment is to be considered as valid as an original. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance.

Signature:_____ Date:_____

Personal Past History

Major Illnesses	Yes	No		Yes	No
Asthma/Pneumonia			Stroke		
Thyroid Disease			Ulcers		
Kidney Infections/Stones			Depression/Anxiety		
Tuberculosis/Venereal Disease			Anemia/Blood Transfusions		
Heart Trouble			Seizures/Convulsions/Epilepsy		
Diabetes			Bowel Trouble		
High Blood Pressure			Arthritis/Joint Pain		

Operations/Hospitalizations

Reason	Date	Reason	Date

Injuries/Illnesses

Type	Date	Type	Date

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OB/GYN History

	Number		Number
Births		Abortions	
Miscarriages		Living	

Current Medications

Drug Name	Dosage	Drug Name	Dosage

Drug Allergies: _____

Preferred Pharmacy: _____Street: _____City: _____

Patient Demographics

No matter how you answer, we are glad you are here!

Preferred Language

English	Spanish	Other

Race

African or African American	Caucasian or European American	Asian or Asian American
Native American or Native Alaskan	Native Hawaiian or Other Pacific Islander	Other Race

Ethnicity

Non-Hispanic	Hispanic	Not Specified

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Laboratory

If we need to collect information from an outside lab, we may need to send you to a nearby facility. We will make every effort to help you choose the right one. LabCorp is the default laboratory that we use if you are uncertain. Your insurance may or may not cover all expenses of your laboratory bill if you go "out of network," so you might want to contact them first to avoid getting a bill from the lab.

Please choose one of the following labs:

- ☐ LabCorp
- ☐ Regional Lab Outreach
- ☐ Quest Diagnostics
- ☐ Other:_____

Signature:_____ Date:_____