1555 Barrington Road, Suite 425
Hoffman Estates, IL 60169
Ph. (847) 755-1111
Fax (847) 755-1166

800 Biesterfield Road, Suite 3013
Elk Grove Village, IL 60007
Ph. (847) 979-8363
Fax (847) 979-8670

GYNE CHECK LIST

ACCT #_____

NAME: _____
DOB: _____

DATE: _____
GR___ PARA __AB__ ALIVE ___

ALLERGIES: _____
_____
_____

NEED NURSE PRESENT DURING EXAMINATION: YES ___NO___

MEDICAL HISTORY: _____
_____
_____
_____

OTHER PHYSICIAN TREATING PATIENT: _____

SURGICAL HISTORY: _____
_____

FAMILY HISTORY: (PERTINENT) _____
_____
_____
_____

HISTORY OF ABNORMAL PAP: _____
_____
_____

IMMUNIZATIONS: _____

MEDICATIONS: _____
_____
_____
_____

CONTRACEPTION: _____

DATE CHANGED: _____
DATE CHANGED: _____
DATE CHANGED: _____

MAMMOGRAM:
DATE: _____
DATE: _____
DATE: _____
DATE: _____

HPV TYPING:
DATE/RESULTS: _____
DATE/RESULTS: _____
DATE/RESULTS: _____
DATE/RESULTS: _____

CHOLESTEROL:
18+ years
(Repeat as indicated)
_____
_____
_____
_____

DATE: _____
DATE: _____
DATE: _____
DATE: _____

PHARMACY #:
NAME: _____
NAME: _____
NAME: _____

NUMBER: _____
NUMBER: _____
NUMBER: _____

SIGNATURE PATIENT: _____
DATE: _____