associated
Obstetrics & Gynecology
caring for women

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In an effort to provide the best experience during your office visit today and help us keep current on your health, please take a few minutes to complete the following questions. Thank you!

CONTRACEPTION

(If you no longer experience periods, please skip to the "Urinary Health" section).

1. What is your current form of birth control? _____

2. How long have you been using your current form of birth control? (*Please check one*)

☐ Two years or less ☐ 3 to 5 years ☐ 6 to 10 years ☐ Over 10 years

3. When are you planning to have another child? (*Please check one)*

☐Within the next year ☐Within the next 5 years
☐Within the next 10 years ☐My family is complete

MENSTRUAL PERIODS

(*If you no longer experience periods, please skip to the next section).*

1. How long does your average monthly period last? _____ Days
2. Do you ever feel as though your periods impact the quality of your life? ☐ Yes ☐ No
3. Do you ever experience irregular or inconsistent bleeding patterns ☐ Yes ☐ No
4. Would you like information on a simple safe procedure performed in our office that can significantly reduce or eliminate your monthly periods? ☐ Yes ☐ No

URINARY HEALTH

1. Do you ever leak urine when you cough, laugh, or sneeze? ☐ Yes ☐ No
2. Do you ever feel as though you have to urinate urgently? ☐ Yes ☐ No
3. Do you ever experience painful urination? ☐ Yes ☐ No

Are there any concerns/issues that you would like to discuss today?

_____
_____
_____

E-Mail address;

_____