Medical Update

CORNERSTONE
Ob-Gyn

Patient Name: _____ **Appointment Date:** _____

Date of Birth: _____ **Date of Last Period:** _____

Birth Control: _____ **Hormones:** _____

Have you been diagnosed with any new health conditions? Please describe:

_____

_____

_____

Please list all medications with the dosage you are taking:

_____

_____

_____

Are you having any new symptoms? Please describe:

_____

_____

_____

Have you experienced any changes with your periods? Please describe:

_____

_____

_____

Optional Testing:

Gonorrhea/Chlamydia	☐ Yes	☐ No	☐ More information
HIV	☐ Yes	☐ No	☐ More information
BRCA	☐ Yes	☐ No	☐ More information

If you are over 40, have you had any of the following:

Mammogram	☐ Yes	☐ No	If Yes, Where? _____
Bone Density	☐ Yes	☐ No	If Yes, Where? _____
Colonoscopy	☐ Yes	☐ No	If Yes, Where? _____

Please review the following statements, sign, and date:

I will contact the office if I have not received my lab results in 1 month. I will read all medication pamphlets for risks and benefits. I understand when taking medication I assume any risk or reaction in the pamphlet is a possible medical complication for me. I am aware any hormone therapy that is prescribed to me carries a risk of blood clots.

Signature Date

Preventative/annual exams are generally covered at 100% by most insurance payers. Please be aware that if we collect a pap smear at your annual exam, there is an additional fee that will be billed from the pathologist reading your specimen.

In addition, if you have any problems or concerns, or if the physician finds any abnormalities that are addressed at the time of your annual exam, this service is considered separate from your preventative exam and could result in a separate office visit and/or labs being billed. These guidelines are set forth by The American Medical Association and we are required to follow the guidelines. By signing below you acknowledge that you are aware that any service not considered preventative may be applied to your responsibility. This amount will be determined by your health insurance provider.

Signature Date