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**WELL WOMAN EXAM INTAKE (RETURN PATIENT)**

Due to privacy regulations we cannot ask you questions from the check in window or out open in the lab. To expedite your visit, please complete the following and provide your current insurance card and driver's license.

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mobile phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. Pharmacy Name and Number: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

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Medical history:

Do you have any medical concerns you would like to discuss today?  yes, please list below  no

Have you had any new medical problems or surgeries within the past year?  yes, please list below  no

Have you had any bloodwork within the past year?  yes, please list below (tests done, by whom, and date)  no

Have you had a mammogram within the past year?  yes \_\_\_\_\_ (location and when)  no

Have you had a colonoscopy within the past year?  yes \_\_\_\_\_ (location and when)  no

Last menstrual period: \_\_\_\_\_ Drug allergies: \_\_\_\_\_  none

Medications (including contraception, supplements, vitamins): \_\_\_\_\_

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