

**BAY AREA OBSTETRICS & GYNECOLOGY, P.A.**

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Due to privacy regulations, we can no longer ask you questions from our check in and lab windows. To expedite your visit, please complete the following:

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

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Email: \_\_\_\_\_

3. Reason for your visit: \_\_\_\_\_  
\_\_\_\_\_

4. Last Menstrual Cycle: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

5. Medications: \_\_\_\_\_  
\_\_\_\_\_

6. Any major illnesses or surgeries since your last visit? If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

7. Have you had any recent blood work? If yes, please specify when and which doctor: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*You may be asked to provide a current insurance card and photo ID\*\*\*