

Phyllis Gee, M.D. Natalie Settele, PA-C

INTERVAL HISTORY AND INSURANCE UPDATE

Name: _____ Date: _____

Primary Care Physician (PCP): _____ PCP Phone # _____

Pharmacy Name: _____ Pharmacy Location _____

Pharmacy Phone # _____ Pharmacy Fax # _____

1. Your Current Physical Health: GOOD FAIR POOR

2. Interval history, major health events, operations, hospitalizations and current problems since we last saw you.

4. 3. Are you currently under the care of a physician? YES NO If Yes, Explain: _____

5. Allergies: List the name of drugs (including intravenous dye/contrast and list the type of reaction (hives, rash, swelling, etc))

6. Latex Allergy? YES NO

7. List ALL of your current medications, their dosage and frequency. Include over-the-counter medications, vitamins, minerals, supplements or herbal medications. (Attach second sheet if necessary.)

7. Last Menstrual Period: _____

8. Recent irregular bleeding, abnormal vaginal discharge, or blood in stool? YES NO

9. Are you using birth control? YES NO If Yes, Name and Dosage: _____

10. Are you using hormones? YES NO If Yes, Name and Dosage: _____

11. Has your address, home, work or cell phone number changed since your last visit? YES NO If yes, please complete the following section:

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

12. Has your employer changed since your last visit? YES NO Employer Name: _____

13. Has your insurance carrier, policy #, or group # changed since your last visit? YES NO If Yes, please complete the following section.

Insurance Carrier: _____ PPO EPO HMO Phone # _____

Policy/ID # _____ **Group #** _____