SUBMIT PRINT

Women's Health Associates

INTERIM VISIT UPDATE

Patient: _____ *Date of Birth:*_____

*Preferred Pharmacy/Location:*_____ *Today's Date:*_____

REGARDING TODAY'S VISIT

What would you like addressed in today's visit?

☐ 1: _____ ☐ 4: _____

☐ 2: _____ ☐ 5: _____

☐ 3: _____ ☐ 6: _____

Do you have any medication refill requests you would like completed today?

☐ 1: _____ ☐ 4: _____

☐ 2: _____ ☐ 5: _____

☐ 3: _____ ☐ 6: _____

When was your last menstrual cycle? _____ *Anything abnormal?* _____

Do you feel safe at home? _____ *Would you like to discuss with your provider?* _____

Have you had any changes since your last visit (new medications, hospital visits, accidents, surgeries, ER visits, etc)?

☐ 1: _____ ☐ 4: _____

☐ 2: _____ ☐ 5: _____

☐ 3: _____ ☐ 6: _____

Do you currently have any of the following (check all that apply)?

Cardiovascular (Heart)

□ Chest pain □ Palpitations
□ Leg swelling □ Irregular heart rate (fast/slow)

Respiratory (Breathing)

□ Shortness of breath □ Cough □ Wheezing
□ Shortness of breath when lying flat or when sleeping

Gastrointestinal

□ Abdominal Pain □ Constipation □ Heartburn
□ Vomiting □ Nausea □ Diarrhea
□ Black Stool □ Blood in stool

Genitourinary (Bladder)

□ Increased frequency □ Painful urination □ Incontinence
□ Blood in urine □ Cloudy urine □ Odor in urine
□ Urinary urgency

Breast

□ Breast pain □ Breast lump □ Breast discharge
□ Irritation (ie rash, red color)

Integumentary (Skin)

□ Acne □ Itching/rash □ Mole changes

OB/GYN

□ Abnormal bleeding □ Vaginal itching □ Irregular menses
□ Midcycle bleeding □ Pelvic pain □ Pain with menses
□ Post coital bleeding □ Vaginal dryness □ Vaginal Odor
□ Pain with intercourse □ Decreased libido □ Vulvar Discomfort

Musculoskeletal (Muscles/Bones)

□ Joint/limb pain □ Joint/limb swelling □ Joint stiffness

Endocrine

□ Hair Loss □ Weakness □ Night Sweats
□ Hot/Cold Intolerance □ Hot flashes

Neurological

□ Confusion □ Dizziness
□ Headache/Migraines □ Memory changes

Psychiatric

□ Suicidal thoughts □ Thoughts of harming yourself
□ Sleep disturbances □ Anxiety □ Depression