North Florida OB GYN, LLC

ST VINCENT IV
2 Shircliff Way, Suite 600
Jacksonville , FL 32204
Phone: (904) 387-9577 Fax: (904)387-9245

Patient's Name_____ **DOB:** ____/____/____ **Date:** _____

Age:_____ **Race** _____ **Referred by:** _____

Reason for this Appt_____ **Current birth control method** _____

Primary Care Physician: _____

Last Mammogram: _____ **Last Bone Density:**_____ **Last Colonoscopy:**_____

Have you ever had an abnormal pap? ____ yes ____ no Date: _____ **Treatment:** _____

Family History: Please ❑ if any of these have been found in any of your close relatives (parents, grandparents, brother, sister or children)

Cancer	
Breast/Age	Yes No Who/age
Uterine	Yes No Who/age
Melanoma	Yes No Who/age
Ovarian	Yes No Who/age
Colon	Yes No Who/age
Other	

Allergies

Item	Reaction

Medication

Drug	Dose	How Often

Medication

Drug	Dose	How Often

Past Medical History: Have you ever had any of the following illnesses? Check all that apply.

- ❑ Heart Trouble
- ❑ Kidney / Bladder Problems
- ❑ High Blood Pressure
- ❑ Low Blood Pressure
- ❑ Thyroid Problems
- ❑ Depression
- ❑ IBS
- ❑ Cancer (type) _____
- ❑ Osteoporosis
- ❑ Anemia
- ❑ Endometriosis
- ❑ Fibroids
- ❑ Pelvic Prolapse
- ❑ Polycystic ovarian syndrome
- ❑ Ulcer
- ❑ Breast Problems / Nipple Discharge
- ❑ Hemorrhoids
- ❑ Rectal Bleeding
- ❑ Heart Murmur / MVP
- ❑ Anxiety
- ❑ Stomach Trouble
- ❑ Other _____
- ❑ Diabetes
- ❑ Anesthesia Problems
- ❑ Antibiotics for Dental work
- ❑ Cholesterol
- ❑ Blood Disorders
- ❑ Seizures

STD type ❑**Chlamydia** ❑**Gonorrhea** ❑**Hepatitis** ❑**HIV** ❑**Genital Warts** ❑**Genital Herpes** ❑**Syphilis** ❑**HPV**

Have you ever had a blood transfusion? ❑ Yes ❑ No

Are you willing to have a blood transfusion in order to save your life? Yes No

Surgical History: (Including Hospitalizations)

Date	Procedure

Total Pregnancies ____ **Deliveries** ____ **Miscarriages** ____

Date	Delivery Type	Sex	Lbs/Oz	Complications

Social History: **Use of alcohol** ❑ Never ❑ Daily ❑ Moderate **Cigarettes**____ packs per day **Drugs** ❑ Yes ❑ No