



CAPITAL  
WOMEN'S  
CARE

Anne B. Brown, M.D., F.A.C.O.G.  
Jane D. Allen, M.D., F.A.C.O.G.  
Cathleen S. Mills, M.D., F.A.C.O.G.  
Gillian A. Jacob, M.D., F.A.C.O.G.  
Alaina Wayland, PA

**GYN RETURN PATIENT INTERIM REPORT**

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

Patient Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

First Day of Last Period: \_\_\_/\_\_\_/\_\_\_ Preferred Pharmacy: \_\_\_\_\_

Method of Contraception: **Pills/Condoms/Patch/Ring/IUD/Tubal/Vasectomy/Abstinence/Other:** \_\_\_\_\_

PCP: \_\_\_\_\_

Current/Former Smoker? **Yes/No**

Tobacco Use: \_\_\_ cigarettes/day for \_\_\_ years

Other Tobacco Use? \_\_\_\_\_

Alcohol Use: \_\_\_ servings per day/week/month

Medications (including over-the-counter, herbals, supplements, and herbs):

Allergies to medications and/or Latex (please include reaction):

Changes in Medical/Surgical History:

Changes in Family History:

Does anyone in your family have a history of Breast, Ovarian, or Colon Cancer? \_\_\_\_\_

*If yes, who and and at what age?* \_\_\_\_\_

**Please list the main reason for your visit today:** \_\_\_\_\_

**Please let us know if you have any of the following symptoms:** fatigue, fever, weight gain/loss, hearing loss, visual changes, short of breath, cough, chest pain, edema, abdominal pain, blood in stool, nausea/vomiting, discomfort when urinating, leaking urine, painful periods, painful intercourse, irregular periods, vaginal discharge, breast lump, skin lesion, hair changes, headaches, seizures, anxiety, depression, insomnia, cold/heat intolerance, back pain, joint pain, easy bleeding or bruising, food allergies, seasonal allergies, other: \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_