

Established Annual Wellness Visit

Name: _____ Date: _____

Allergies: _____

Have you have the COVID-19 vaccine? _____ When? _____

1) Do you have any concerns that you want to talk to your provider about today (please explain)?

2) General gynecology update:

→ First day of last menses (if you have menstrual cycles)? _____

• days of bleeding? _____

• how often menses occurs? _____

• heavy bleeding? _____

• bleeding irregularly or between menses? _____

→ Current method of pregnancy prevention (if any)? _____

→ Are you in a sexual relationship? Problems or concerns with sexual health? _____

→ Wellness questions:

• Do you have a primary care physician? Name and date of last visit. _____

• Would you like to do wellness labs at your visit today? Y/N _____

• If appropriate: When was your last mammogram? NA or _____

When was your last colonoscopy? NA or _____

When was your last bone density? NA or _____

3) Have you had any changes to your personal health, recent surgeries or change in family's health since your last visit at Athens OB/GYN? _____

4) Social update:

• tobacco products (smoking, vaping, chewing)? _____

• alcohol consumption (drinks per week)? _____

• recreational drug use? _____

• Exercise habits (activity and days a week) _____

5) Current medicines: (or provide list):

<u>NAME</u>	<u>STRENGTH</u>	<u>INSTRUCTIONS FOR DOSING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____