

NEW OB

Questions to ask when requesting a new patient appointment. Patient requires an approval from the doctor before scheduling.

Name: _____

DOB: _____ Age: _____

Phone #: _____ Alt. Phone #: _____

Address: _____

Insurance: _____ Member ID #: _____

Reason: (circle one) New OB Transfer

Doctor: _____ Reason: _____

ER recently: _____ Reason: _____

Gestational Diabetes- Y/N Diabetes- Y/N Heart Condition- Y/N Seizures- Y/N

LMP: _____ Weeks: _____

Date of Last Pap? _____ Doctor: _____

Major surgery: _____

Who performed the surgery? _____

Where was the surgery done? _____

Medication list: _____

Number of children: _____

Vaginal: _____ C-Section: _____ Missed: _____ Abort: _____

PCP: _____

Filled out by: _____ Date: _____

Approved by: _____ Date: _____