

NEW GYN

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) Annual Birth Control Cultures Other: _____

LMP: _____

Date of Last Pap? _____ Doctor: _____

Major surgery: _____

Who performed the surgery? _____

Where was the surgery done? _____

Medication list: _____

Number of children: _____

PCP: _____

Filled out by: _____ Date: _____

Approved by: _____ Date: _____