



Dear _____,

Enclosed you will find your new patient forms. Please complete these forms and bring them with you to your appointment on:

M – Tu – W – Th – F, _____ / _____ / _____ @____:____ am/pm with

____ **Dr. Grover** ____ **Dr. Nair**

Your appointment is scheduled for our office located at:

____ 4343 Newberry Road, Suite 16, Gainesville, FL 32607

____ 426 SW Commerce Drive, Suite 105, Lake City, FL 32025

____ 1315 NW 21st Avenue, Suite 4, Chiefland, FL 32626

If you have had any previous testing done that may be helpful to your doctor, please bring it with you to your scheduled appointment along with a list of current medications. **All insurance information**, photo I.D., and any referral information will be required at your initial visit. Failure to provide this information may result in you having to reschedule your appointment.

Please make note that all co-pays are due at the time of service. In the event that you are unable to keep your appointment, we do ask for the courtesy of 24 hour notification.

Thank you for choosing SIMEDHealth Women's Health, we look forward to assisting you with your healthcare needs.

SIMEDHEALTH WOMEN'S HEALTH

Linda Grover, MD • Meera Nair, MD

P: 352-331-1000 • **F:** 352-333-0337

4343 Newberry Road, Suite 16, Gainesville, FL 32607

SIMEDHealth.com





Welcome to our office! Please carefully fill out the following questionnaire and let the nurse know if you are unsure about how to answer a question. You will have the opportunity to discuss in detail any part of this history and medical problems that you may have. You will also be able to ask any questions which may concern you.

THIS IS PART OF YOUR MEDICAL RECORD AND IS KEPT ABSOLUTELY CONFIDENTIAL

Patient Name: _____ DOB _____

Spouse / Partner / Parent's Name: _____

Spouse / Partner / Parent's Occupation: _____

Reason for Seeking Medical Attention: _____

Living Will --- The State of Florida allows a competent adult the opportunity to provide direction and instructions to health care providers for his/her medical care. This direction should be provided in writing as a "Living Will". The individual can also designate another person as a "Health Care Surrogate" to make those decisions. Please check and sign the following as appropriate:

_____ I have a "Living Will" or have officially designated a health care surrogate, and will provide the office with a copy for inclusion in my medical records.

_____ I do not have a "Living Will", but understand the information outlined above.

_____ I would like additional information, and will request it from the nurse or doctor.

Religious Preference: _____

MEDICAL HISTORY

- High Blood Pressure
- Heart Problems
- Diabetes
- Asthma
- Osteoporosis
- Arthritis
- HIV
- Other Medical Problems: _____
- Gallbladder Problems
- Hemorrhoids
- Ulcers
- Jaundice / Hepatitis
- Colitis / Irritable Bowel
- Thyroid Problems
- Tuberculosis
- Anemia
- Bleeding Disorders
- Blood Clots / Phlebitis
- Migraine Headaches
- Epilepsy / Seizures
- Emotional Problems
- Kidney Stones
- Had Chicken Pox
- Bladder Infections
- Genital Herpes
- Gonorrhea
- Chlamydia
- Syphilis
- Tubal Infection

SURGERIES (Please list any surgery you have ever had – attach extra page if needed)

Year _____ Procedure _____

Year _____ Procedure _____

Year _____ Procedure _____

MEDICATIONS (List all medications with dosages that you take regularly – attach extra page if needed)

MEDICATION ALLERGIES (Please list reactions) _____

SOCIAL HISTORY

Do you have any problems at home? YES NO _____

Have you ever felt threatened or been abused by anyone? YES NO _____

Do you smoke cigarettes? YES NO How Much? _____ For how long? _____

Do you use street drugs? YES NO If yes, describe: _____

Do you drink beer, wine or alcohol? YES NO How Much? _____ How Often? _____

Do you exercise regularly? YES NO Describe: _____

Patient Name: _____ DOB: _____

FAMILY HISTORY (Please list which family member had these problems)

- High Blood Pressure _____
- Breast Cancer _____
- Colon Cancer _____
- Heart Disease _____
- Ovarian Cancer _____
- Osteoporosis _____
- Diabetes _____
- Uterine Cancer _____
- Psychiatric Disorders _____
- Stroke _____
- Other _____

GYNECOLOGIC HISTORY

Date of last normal menstrual cycle (LMP): _____ How long does your period last? _____

What form of birth control are you currently using? _____

At what age did you first start having periods? _____ years

If you have experienced menopause, at what age did you stop having periods? ____ Any bleeding or spotting since? _____

When not on birth control pills, how often do you have a period? _____

The amount of bleeding you have with your periods is typically: Scant Moderate Heavy Excessive with clots

The pain you experience with periods is: None Mild Moderate Severe Incapacitating

Have you missed periods without being pregnant? Yes No _____

Are you sexually active? Yes No _____

If sexually active, do you have bleeding after intercourse? Yes No _____

Do you have concerns about sexual issues? Yes No _____

Do you frequently leak urine when sneezing or coughing? Yes No _____

When was your last Mammogram? _____ Have you ever had an abnormal Mammogram? *Yes No

When was your last pap smear? _____ Have you ever had an abnormal pap smear? *Yes No

*List any details of abnormal Mammogram or Pap smear: _____

PREGNANCY HISTORY

DELIVERIES

Month/Year	Type of Delivery	Sex	Baby's Weight	Complications During Pregnancy or Delivery

MISCARRIAGES / TERMINATIONS / TUBAL (ECTOPIC) PREGNANCIES

Month/Year	Weeks	Complications

SYSTEM REVIEW

- Chronic / Frequent Cough
- Nausea or Vomiting
- Severe Headaches
- Back Pain
- Shortness of Breath
- Heartburn or Indigestion
- Depression
- Joint Pain or Stiffness
- Chest Pains
- Abdominal Cramps or Pain
- Hot Flashes
- Fractures
- Rapid/Irregular Heartbeat
- Changes in Bowel Habits
- Excessive Tiredness / Weakness
- Numbness
- Swelling of Hands, Feet or Ankles
- Significant Weight Change



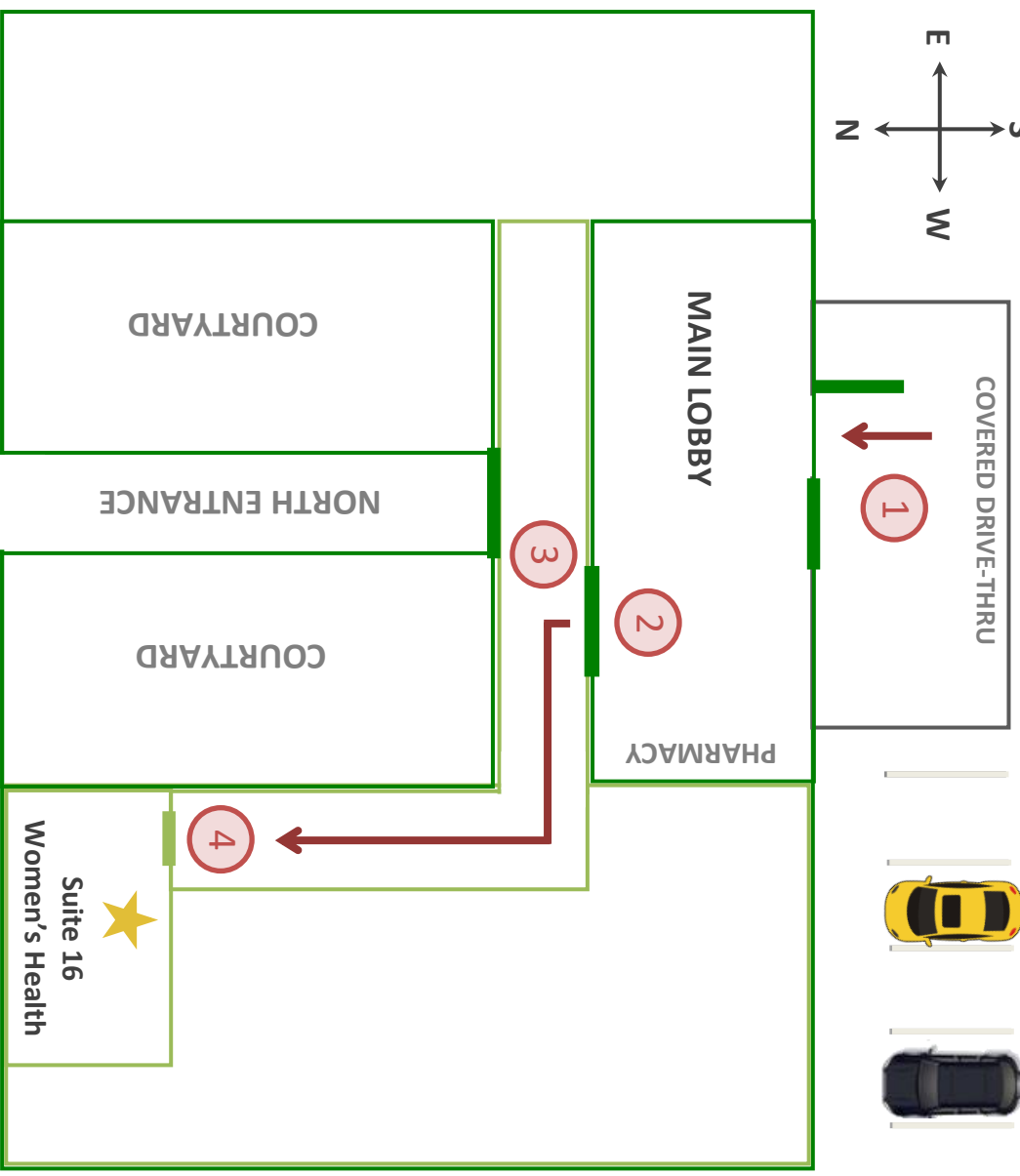
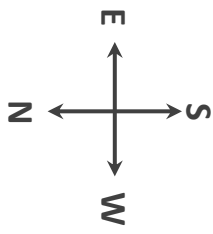
Dark Green – First Floor

Light Green – Second Floor

PARKING

SIMEDHealth Women's Health: Suite 16

4343 W Newberry Road, Gainesville, FL 32607
(352) 331-1000 | SIMEDHealth.com



- 1 Enter South entrance into main lobby
- 2 Take elevator up to second floor
- 3 Exit elevator and take left
- 4 Take first right, walk to end hallway and enter Suite 16

 Your Destination

43RD STREET

NEWBERRY ROAD