NORTH POINTE OB/GYN
Problem Office Visit

Please answer all questions. **Date** _____

Name _____ Marital Status _____ Age _____

1st day of Last Period _____ Normal? Y N Problems? _____

Current Birth Control: None Tubal Ligation IUD Vasectomy Condoms Diaphragm Depo-Provera Ring Patch Pills (fill in name) _____ Other _____

Current Medications _____ **Drug Allergies Y N** _____

Why are you here today? Repeat Pap Pre Op Post Op HPV Vaccine Depo-Provera Shot

Other (write in) _____

XXXXXXXXXXXXXXX **PATIENTS PLEASE DO NOT WRITE BELOW THIS LINE** XXXXXXXXXXXXXXX

PARA _____ BP _____ WT _____ U/A _____ UCG _____ LAST PAP _____ NL: Y N

WET PREP _____ KOH _____ NOTES _____ LPN/MA/RN

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

GES, MD RRB, MD SJL, MD LIB, CNM SSL, CNM BCL, CNM **Additional Dictation: Y N**