Gynecologic Oncology and Pelvic Surgery Associates
Annette Bicher, MD
John C. Elkas, MD, JD
Ruchi Garg, MD
G. Scott Rose, MD
Stephanie Wethington, MD
Jennifer Squires, NP

Name: _____ Date: _____ Age: _____

Please List Any Problems You Would Like to Talk About or Be Examined for:

1. _____

2. _____

3. _____

4. _____

Please Check Any of the Following Problems You Have or Recently Had:
(Established Patients Please Check Problem s Since Your Last Visit to this Office)

☐Irregular Periods	☐Dry Mouth	☐Frequent Urination	☐Headaches
☐Change in Menstrual Flow	☐Problem Swallowing	☐Urinary Urge	☐Weakness
☐Bleeding Between Periods	☐Palpitations	☐Painful Urination	☐Numbness
☐Bleeding During/After Sex	☐Chest Pain	☐Nightly Urination	☐Mood Changes
☐Painful Menstruations	☐Swelling of Feet and Arms	☐Involuntary Urine Loss	☐Sleep Problems
☐Pain with Sexual Intercourse	☐Loss of Consciousness	☐Bloody Urine	☐Lack of Energy
☐Vaginal Discharge	☐Shortness of Breath	☐Joint Aches, Pain	☐Depression
☐Vaginal Dryness	☐Chronic Cough	☐Joint Swelling	☐Memory Loss
☐Hot Flashes	☐Bringing Up Mucus	☐Muscle Aches, Pain	☐Feel Hot or Cold
☐Change in Sexual Desire	☐Constipation	☐Rash	☐Usually Thirsty
☐Fever	☐Diarrhea	☐Skin Lesions	☐Easy Bruising
☐Weight Loss	☐Bloating	☐Breast Lumps	☐Easy Bleeding
☐Weight Gain	☐Abdominal Cramps, Pain	☐Breast Tenderness	☐Swollen Lymph Glands
☐Change in Appetite	☐Blood in Stool	☐Nipple Discharge	
☐Blurred Vision	☐Nausea or Vomiting		
☐Double Vision	☐Heartburn		
☐Eye Problems			☐**All blanks are negative**
FOR ESTABLISHED PATIENTS ONLY			
Last Menstrual Period:	Last Pap:	Last Mammogram:	Last Colon Exam:
Last Chest X-ray:			
Referred by:	**Primary Care Physician**		**Other Physicians:**

Please List Illnesses, Surgery, Hospitalization and New Allergies Since Your Last Visit: _____

_____

_____

Please List NEW Medications and Those you Stopped Since Your Last Visit:

New	Stopped

Please List Changes in Marital Status, Employment, Drug Use: _____

_____

Please List Cancer Diagnosed in Your Family since Your Last Visit: _____

_____

Reviewed By: _____

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