LEXINGTON OB GYN
GEORGETOWN OBGYN ASSOCIATES

PATIENT AGENDA FORM

Please take a moment to answer the questions below in order to best use the time spent with your doctor today.

Name: _____ **Date:** _____

Pharmacy: _____ **Insurance:** _____

1. What is the purpose of your visit today? _____
   _____
2. What symptoms do you want your doctor to be aware you are having?
   _____
3. Have you traveled out of the country in the past 3 months? Yes No
   If yes, where did you travel? _____
4. Have you had a fever in the past 7 days? Yes No
5. When was your last period? _____
6. Please list the current medications you are taking _____
   _____
7. Do you have specific medication refill requests? Yes No
   a. If yes which medications? _____
   _____
8. Do you have new medication requests? Yes No
   _____
9. Would you like any lab work performed? Yes No
   _____
10. Do you need a referral to another MD? Yes No
11. Do you need an excuse for work or school? Yes No
12. Do you need any forms completed today? Yes No
    If yes, please give these to receptionist
13. Why did you choose our practice?
    Friend Referral Dr. Referral Telephone Book Advertisement Other
    _____
14. My insurance is: _____

PLEASE TURN OVER →

These questions refer to the past 12 months.	**No**	**Yes**
1. Have you used drugs other than those required for medical reasons?	0	1
2. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes".)	1	0
3. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
4. Do you ever feel bad or guilty about your drug use? (If never use drugs, choose "No".)	0	1
5. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
6. Have you neglected your family because of your use of drugs?	0	1
7. Have you engaged in illegal activities in order to obtain drugs?	0	1
8. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
9. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1