



Associates in
WOMEN'S HEALTH

In an effort to provide the best experience during your office visit today and help us keep current on your health, please take a few minutes to complete the following questions. Thank you!

Name _____ Date of Birth _____

CONTRACEPTION

1. What is your current form of birth control? _____
2. How long have you been using your current form of birth control? *(please check one)*
 Two years or less 3 to 5 years 6 to 10 years Over 10 years
3. When are you planning to have another child? *(please check one)*
 Within the next year Within the next 5 years
 Within the next 10 years My family is complete
4. Are you finished having children and would you like information on a gentle, hormone-free permanent birth control procedure performed in the comfort of our office? Yes No

MENSTRUAL PERIODS

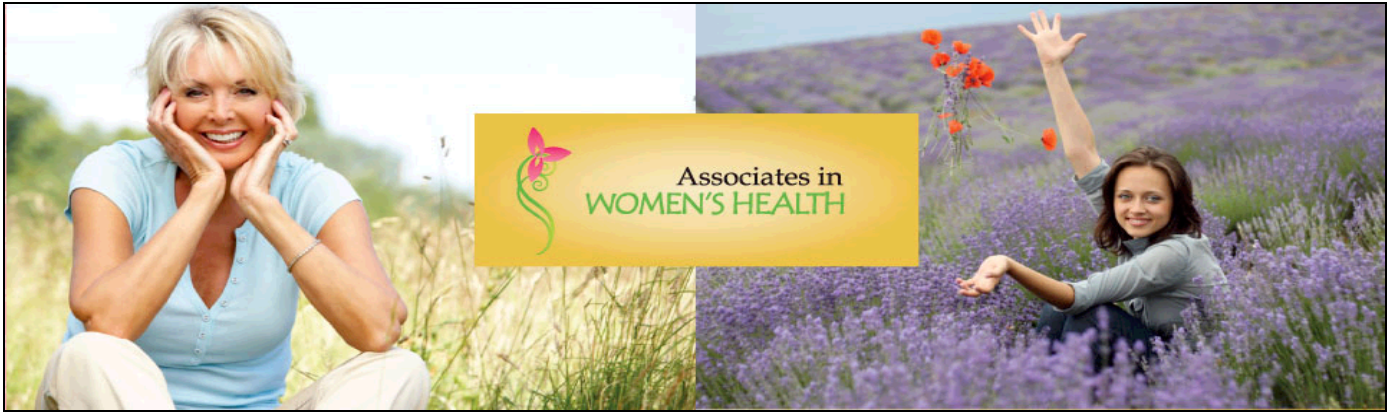
1. How long does your average monthly period last? _____ days
2. Do you ever feel as though your periods impact the quality of your life? Yes No
3. Do you ever experience irregular or inconsistent bleeding patterns? Yes No
4. Are you finished having children and would you like information on a simple, safe procedure performed in our office that can significantly reduce or eliminate your monthly period?
 Yes No

URINARY HEALTH

1. Do you ever leak urine when you cough, laugh or sneeze? Yes No
2. Do you ever feel as though you have to urinate urgently? Yes No
3. Do you feel like you have to urinate too frequently? Yes No
4. Do you ever experience painful urination? Yes No

Are there any concerns/issues that you would like to discuss today? Please be aware, if you have a **specific** problem that you would like to discuss, it may require a copay or an additionally scheduled appointment _____

Please note: If there is a medical concern that the provider feels further diagnostic/lab testing is recommended, this may not be covered under your well women exam. You are strongly advised to contact your insurance to verify plan coverage before having the testing performed. Sign _____ Date _____



Your Health Maintenance Visit and Preventive Health Benefits

Thank you for scheduling your health maintenance examination. At Associates in Women's Health, our physicians are serious about proactively keeping you healthy, and preventive medicine is the key to doing just that.

Know your Preventive Benefits

Depending on your health insurance plan, you may receive certain preventive benefits for a reduced copayment or no copayment. This is a quick reference designed to help you understand which services maybe covered under your prevention benefits and which services may not. Please be aware that if you receive care beyond what your preventive visit benefit covers, you may incur additional charges for the care provided.

Services covered during your preventive visit*

- Age-focus exam
- Advice for disease prevention and healthy living
- Discussions about previously identified risk factors (i.e., smoking)
- Management of previously diagnosed chronic problems that are relatively stable
- Management of minor new problems that require no new lab testing, procedures, follow-up or prolonged treatment plans

Services that may NOT be covered during your preventive visit* & are subject to additional charges

- New problems that require lab tests, ultrasounds, or other evaluation
- New problems that require prescription medication
- Certain Lab tests to screen for diseases for which you may be at risk due to age
- Age-based immunizations
- Chronic problems that are significantly uncontrolled and require evaluation, management strategies, and possibly changes in medications

**Please note that this handout can not describe or define your particular preventive benefits. Please contact your insurance company for specific benefit information. Your insurance card should have a phone number or email address for you to contact them.*

Acknowledged By: _____ Date: _____