



To our patients,

Our goal is to provide you with the best health care possible. Please take a moment to fill out this form so that we can discuss your problems and concerns during your visit.

Do you have any of the following health problems or concerns?

Irregular periods Painful, heavy periods Pelvic or abdominal pain

Infertility Breast changes Pain with intercourse Painful or frequent urination

Vaginal infections/discharge Urinary incontinence Pelvic prolapse PMS

Birth control Low sex drive Hot flashes Weight loss Cancer

Vaginal dryness STD's HPV vaccine Depression Vitamins

Physical or mental abuse Insomnia Smoking cessation Drug or alcohol abuse

Over the past 2 weeks, have you felt down, depressed, or hopeless? Yes No

Over the past 2 weeks, have you felt little interest or pleasure in doing things? Yes No

Do you have a new partner since your last visit? Yes No

Any change in your family medical history since your last visit? Yes No

Other questions or concerns that you would like to discuss today?

- 1.
- 2.
- 3.

*Thank you
Drs. Beier & Godfrey*