Lake OB-GYN Associates of Mid-Florida, LLC

601 E Dixie Ave., #401, Leesburg, FL 34748 (352) 787-1535 / 1400 US Hwy. 441, Bldg. 950, The Villages, FL 32159 (352) 259-5649

Established Patient Information for: ______________________________ ____________

PRINTED PATIENT NAME *DOB*

Douglas Moffett, MD / Mitra Mossaddad, MD / Teresa Mendez, APRN

PLEASE CIRCLE YOUR PROVIDER

CHIEF COMPLAINT: I am here today for my ANNUAL WELL WOMAN EXAM: ____________ ***Patient Initials***

Last Menstrual Period was: ____________ Are my cycles regular? YES / NO

My cycles occur every _____ days and last _____ days Current form of birth control?: ____________

Any changes in your **"PAST MEDICAL HISTORY OR FAMILY HISTORY"** since your last visit with us?

NO / YES If YES, what: ______________________________

SOCIAL HISTORY: **Tobacco Use:** NO / YES **Caffeine Use**: NO / YES **Exercise Regularly:** NO / YES

Seat Belt Use: NO / YES **Domestic Violence:** NO / YES **Drug Use**: NO / YES **Alcohol use:** NO / YES

REVIEW OF SYSTEMS: Do you **CURRENTLY** have any of the following symptoms?

Headaches	___	Depression	___	Dizziness	___
Night Sweats/Hot Flashes	___	Loss of consciousness	___	Water retention/swelling feet	___
Mood swings	___	Breast mass/soreness	___	Fatigue	___
Nipple discharge or bleeding	___	Muscle weakness	___	Gas	___
Indigestion/Heartburn	___	Nausea	___	Poor Appetite	___
Diarrhea	___	Constipation	___	Blood in bowel movements	___
Urinary problems	___	Painful urination	___	Blood in urine	___
Coughing up blood	___	Wheezing	___	Trouble walking	___
Glasses/contacts	___	Painful intercourse	___	Shortness of breath	___
Chest pain	___	Skin rash or itching	___	Jaundice (yellow skin)	___
Incontinence	___	Vaginal itching/irritation	___	Vaginal discharge	___
Vomiting	___	Weight Loss	___	Other: ____________	

Any **NEW ALLERGIES** since your last visit to us? NO / YES If YES, what: ____________

Any **NEW SURGERY** since your last visit to us? NO / YES If YES, what: ____________

Any **HISTORY OF ABNORMAL** pap smears? NO / YES- If YES, when: ____________

Which lab does your insurance require specimens be sent to? **QUEST / LabCorp / CFHA** *(circle one)*

****TURN OVER****

Lake OB-GYN Associates of Mid-Florida, LLC

601 E Dixie Ave., #401, Leesburg, FL 34748 (352) 787-1535 / 1400 US Hwy. 441, Bldg. 950, The Villages, FL 32159 (352) 259-5649

PATIENT NAME:______________________________ DOB:________________

Please list all of your MEDICATIONS:

1.______________________________ 6.______________________________

2.______________________________ 7.______________________________

3.______________________________ 8.______________________________

4.______________________________ 9.______________________________

5.______________________________ 10.______________________________

~~~~~~

GENERAL CONSENT FOR COMPREHENSIVE EXAMINATIONS INVOLVING PELVIS AND/OR RECTUM

I hereby consent to services, treatment and diagnostic procedures, including but not limited to medications, lab tests and/or a medically indicated physical examination. This may include, but is not limited to:

-a gynecological exam, which may include a rectal exam and/or a pelvic exam;
-an ultrasound exam, which may include a probe placed in the vagina;
-a rectal exam;
-examination of external genitalia

This will be performed by Douglas Moffett, MD and/or Mitra Mossaddad, MD and/or Teresa Mendez, APRN. This consent will remain active until I withdraw my consent in writing.

______________________________ ______________________________
Patient's Signature Date

______________________________ ______________________________
Or Personal Representative Signature Description of Personal Representative's Authority

~~~~~~

IF YOU ARE A MINOR (Under the age of 18) please advise if we are permitted to discuss your medical information with anyone. YES / NO

If YES, who are we able to discuss your medical information with:

Name: ______________________________ ***Relationship:***______________________________

Phone Number:______________________________ ______________________________
Patient's Signature