

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 Medicare Patient Information for:

PRINTED PATIENT NAME

DOB

I am here to see: Dr. Alfred Moffett / Dr. Douglas Moffett / Dr. Michelle Wood / Dr. Lauren Britt / Dr. Kaitlin Lee
CIRCLE YOUR DOCTOR

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 **Alcohol use:** NO / YES **Caffeine Use:** NO / YES **Seat Belt Use:** NO / YES

Domestic Violence: NO / YES **Drug Use:** NO / YES **Exercise Regularly:** 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	___
Weight Loss	___	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	___
Post-menopausal bleeding	___	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: _____

Patient's Signature

Date

****TURN OVER TO LIST YOUR MEDICATIONS****

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PATIENT NAME: _____

DOB: _____

Please list all of your MEDICATIONS below:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Patient's Signature

Date