WOMENS HEALTH ASSOCIATES
WYOMING

OBSTETRICS · GYNECOLOGY · INFERTILITY

SAMUEL J. VIGNERI, M.D., F.A.C.O.G.
DIPLOMATE AMERICAN BOARD OF
OBSTETRICS & GYNECOLOGY

CASSIE R. AMADIO, N.P.-C

DATE_____

NAME_____HOME PHONE_____

PHYSICAL ADDRESS_____BUS. PHONE_____

MAILING ADDRESS_____CELL PHONE_____

CITY_____,_____,_____SOCIAL SECURITY #_____

EMPLOYER_____POSITION_____

DATE OF BIRTH_____BIRTH PLACE_____RACE_____

RELIGION_____MARITAL STATUS_____

INSURANCE COMPANY_____

SPOUSE/GUARDIAN/SIGNIFICANT OTHER _____ **DOB:**_____
SOCIAL SECURITY #_____

EMPLOYER_____POSITION_____PHONE_____

NEAREST RELATIVE OTHER THAN IN YOUR HOME_____**RELATION**_____

HOME PHONE_____WORK PHONE_____CELL_____

ADDRESS_____CITY_____ST_____ZIP_____

HAVE YOU BEEN SEEN IN THIS OFFICE BEFORE?_____

IF YOU ARE UNABLE TO KEEP A SCHEDULED APPOINTMENT, PLEASE GIVE OUR OFFICE A 48 HOUR NOTICE TO PREVENT A $50.00 CHARGE.

WE WILL BILL YOUR INSURANCE COMPANY. OUR AGREEMENT IS WITH YOU AND NOT YOUR INSURANCE CO SO IF THEY DO NOT PAY YOU WILL RECEIVE A STATEMENT.

PATIENT SIGNATURE_____

SIGNATURE OF PERSON RESPONSIBLE FOR BILL_____RELATION_____

INSURED'S AUTHORIZED PERSON'S SIGNATURE. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO WOMEN'S HEALTH ASSOCIATES_____

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS THIS CLAIM._____

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DATE:_____

NAME:_____

HOW DID YOU HEAR ABOUT US:_____

PAST HISTORY:

PAST SERIOUS ILLNESS_____

_____

_____

SURGERY&DATES:_____

_____

_____

DRUG OR OTHER ALLERGIES OR REACTIONS:_____

_____

NUMBER OF CHILDREN AND BIRTH DATES:_____

_____

PREMATURE_____ **MISCARRIAGE**_____ **STILLBORN**_____

LIST MEDICATIONS YOU NOW TAKE:_____

_____

FAMILY HISTORY:

LIST ANY SERIOUS ILLNESS THAT HAS OCCURRED IN YOUR FAMILY(ESPECIALLY DIABETES, MALIGNANCY, HIGH BLOOD PRESSURE, FEMALE DISORDERS OR DIFFICULTIES WITH CHILD BEARING.) _____

_____

_____

HEALTH ASSESSMENT FOR WOMEN

Name: _____ Date: _____

E-Mail: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and wrinkled skin				
Hair falling out				
Cold all the time				
Swelling all over the body				
Joint pain				

Family History

	NO	YES
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		
Breast Cancer		