OBSTETRICS - GYNECOLOGY - INFERTILITY

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

BRITTANY A. MYERS, M.D.

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.___________________________________

PROFESSIONAL CORPORATION

1125 EAST SECOND STREET - CASPER, WYOMING 82601 - 307-577-4225

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

BRITTANY A. MYERS, M.D.

CASSIE R. AMADIO, N.P.-C

OBSTETRICS - GYNECOLOGY - INFERTILITY

DATE:______________________

NAME:____

REFERRED BY:____
DO YOU GIVE US PERMISSION TO MAIL A THANK YOU TO ABOVE PERSON_____

PAST HISTORY:
PAST SERIOUS ILLNESS____
____
____

SURGERY & DATES: ____
____
____

DRUG OR OTHER ALLERGIES OR REACTIONS:______________________________
____
____

NUMBER OR 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.)____
____
____

COVID 19 VACCINATION: __YES __NO ___BOOSTS DATES ______ ______ ______

PROFESSIONAL CORPORATION

1125 EAST SECOND STREET - CASPER, WYOMING 82601 - 307-577-4225