

WOMEN'S HEALTH SPECIALISTS OF REDFORD

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Obstetrics - Gynecology

26400 Plymouth Rd.
Redford, Michigan 48239

PATIENTS NAME _____ DATE _____

OB/GYN AMBULATORY VISIT RECORD

PATIENT QUESTIONS

- 1) HAVE YOU HAD THE GARDASIL INJECTION ____ YES ____ NO
(FOR PREVENTION OF CERVICAL CANCER)

- 2) DO YOU HAVE PROBLEMS WITH YOUR MENSTRUAL CYCLE
____ YES ____ NO
IF YES: HEAVY BLEEDING ____ YES ____ NO
HOW MANY DAYS PER MONTH _____
ANY OTHER PROBLEMS _____

- 3) DO YOU USE BIRTH CONTROL ____ YES ____ NO
IF YES: HAPPY WITH CURRENT TYPE ____ YES ____ NO
WHAT TYPE ARE YOU USING _____
IF NO: DO YOU WANT TO DISCUSS BIRTH CONTROL
____ YES ____ NO

- 4) ARE YOU HAVING ANY URINARY PROBLEMS ____ YES ____ NO
IF YES: WHAT PROBLEMS ARE YOU HAVING _____

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