

Dr. Roberto Leon. welcome to our Office. Please complete this questionnaire.

REGISTRATION FORM FOR PATIENTS

YOUR NAME.....

Your Family Doctor..... Your Occupation.....

Are you expecting Dr. Leon to have results of: **Blood work Ultrasound Other**

What is the reason for your visit today.....

How are your periods? normal abnormal. Date of your last period.....

How often.....How long.....How heavy.....How Painful.....

Number of pregnancies.....Vaginal deliveries.....C-Sections.....Miscarriages.....

Do you experience problems with any of the following (please explain).....

Bladder.....

Sexual intercourse.....

Bowels.....

Describe previous operations.....

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Describe present or past medical conditions (i.e. High Blood pressure).....

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List the medications you are taking now.....

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Any allergies.....

Do you smoke....? How much.....? Your height..... Your weight.....

Family History of Cancer: Breast Uterine Ovarian Bowel Other.....

DO YOU WISH TO HAVE A CHAPERONE DURING THE EXAMINATION? YES NO

