

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: **O Blood work O Ultrasound O Other**

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

How are your periods? **O normal O 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.....

.....
.....

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

.....
.....

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

.....

Any allergies.....

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

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

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