

West Suburban Obstetrics Gynecology, Ltd.

Obstetrics Normal & High Risk • Adolescent & Regular Gynecology • Menopausal Care • Urogynecology • Pelvic Reconstruction

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NAME _____ DATE _____

CHIEF COMPLAINT _____

MEDICAL HISTORY

<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Dysfunction
<input type="checkbox"/> Abnormal PAP smears	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Trauma
<input type="checkbox"/> Uterine Anomaly / DES	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Infertility	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Cardiac Disease
<input type="checkbox"/> History of Blood Transfusions	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> Coughing Spells
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Surgeries / Hospitalizations
<input type="checkbox"/> Ophthalmologic Disorders	<input type="checkbox"/> Cancer	<input type="checkbox"/> Inherited Diseases
<input type="checkbox"/> Sexually Transmitted Diseases	<input type="checkbox"/> Neurological Disorder	<input type="checkbox"/> Currently Taking Medication(s)
<input type="checkbox"/> Menstrual History	<input type="checkbox"/> Psychiatric Disorder	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Uterine-Cervical Abnormality	<input type="checkbox"/> Hepatitis / Liver Disease	
<input type="checkbox"/> Past Pregnancies	<input type="checkbox"/> Varicositis / Phlebitis	

Other: _____

HOSPITALIZATIONS AND SURGERIES:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

CURRENT MEDICATIONS: (See Lavender Medication List)

CURRENT VACCINATIONS: Tetanus Pertussis (whooping cough) Influenza
 Meningitis HPV (cervical cancer) Hepatitis A & B

ALLERGIES: _____

SOCIAL HISTORY: Smoking Alcohol Drugs

OCCUPATION: _____

FAMILY HISTORY: Unchanged Heart Disease Hypertension High Cholesterol Diabetes

Cancers (such as): Breast Ovary Colon Lymphoma Prostate Other _____

Osteoporosis Thyroid Alzheimers/Dementia Clotting Disorders
Other _____