

# Dr. Alexander Klein

Gynecology, Infertility, Pelvic Reconstructive Surgery, Urogynecology, Menopause Management

## New Patient Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Date \_\_\_\_\_

Home/work phone \_\_\_\_\_ Emergency Contact name/phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

### List all Medical Conditions/Problems, past and present:

- |    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

### List all Surgeries (include year):

- 1.
- 2.
- 3.
- 4.

### List other Hospitalizations (include year):

- 1.
- 2.
- 3.
- 4.

### Current Medications and dosages

(Including herbs, vitamins, and over-the-counter)

- 1.
- 2.
- 3.
- 4.
- 5.

### List Medication Allergies (include reaction type)

- 1.
- 2.
- 3.
- 4.
- 5.

### OB/GYN History:

Age at onset of menses \_\_\_\_\_ First day of last menses \_\_\_\_\_

Are your menses regular? \_\_\_\_\_ Days between last day and first day of menses \_\_\_\_\_

Total days of bleeding per cycle \_\_\_\_\_ Number of heavy days \_\_\_\_\_

Are your menses painful? \_\_\_\_\_ Is intercourse painful? \_\_\_\_\_

Current contraception \_\_\_\_\_ Previous contraception \_\_\_\_\_

If post-menopausal, age of last menses \_\_\_\_\_

Have you ever had a sexually transmitted disease such as Chlamydia, gonorrhea, syphilis, genital warts, herpes, HIV, or hepatitis B or C? \_\_\_\_\_

Number of: Pregnancies \_\_\_\_\_ Abortions \_\_\_\_\_ C-sections \_\_\_\_\_

Miscarriages \_\_\_\_\_ Vaginal Deliveries \_\_\_\_\_

### Names and Ages of Children:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. |    |