



# GENESIS OB/GYN

## Return Annual Questionnaire



1. What is the first day of your last menstrual period? \_\_\_\_\_

2. If you are currently using any birth control, please list the method you use below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you have been hospitalized or had surgery *since your last annual exam* at Genesis OB/GYN, please list below. Please include date, and reason for/type of surgery:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If there are any *new issues* you need to discuss with Dr. Seaton, please list them below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you have any *new* drug allergies, please list with a description of the reaction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If any blood relative has been diagnosed with a serious illness *since your last annual exam* with Genesis OB/GYN please list the relative with the illness type.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How often do you...  
a. Drink alcohol? \_\_\_\_\_ c. Use tobacco? \_\_\_\_\_  
b. Drink Caffeine? \_\_\_\_\_ d. Exercise? \_\_\_\_\_

8. Please list all current prescribed or over-the-counter medications you are currently taking. Please include vitamins, herbs, inhalers, and aspirin.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_