



## Brief History and Physical

Women's Health Consultants, PLC  
46325 West 12 Mile Road  
Suite 250  
Novi, MI 48377

**Follow Up visit-** Please help us by gather information about your follow up visit.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Today's date \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Preferred phone number to contact with results \_\_\_\_\_

Follow up visit is to monitor: \_\_\_\_\_

Any changes in your medications since your last visit? (circle one) YES or NO

If yes, please list: \_\_\_\_\_

Since your last visit have you had any changes in symptoms? (circle one) YES or NO

If yes, please describe: \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last period \_\_\_\_\_ Was this a normal period for you? \_\_\_\_\_

When did you last have sex? \_\_\_\_\_ Have you had a new partner since your last exam? \_\_\_\_\_

Method of birth control (if applicable) \_\_\_\_\_