



Brief History and Physical

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Problem visit-Please help us by gather information about your current problem.

Name _____ Birthdate _____ Age _____ Today's date _____

Primary Care Doctor _____ Preferred phone number to contact with results _____

Please describe the reason for your visit _____

How long have you had these symptoms _____

Current Medications _____

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) _____

Any other changes since last visit? _____
