

# NEWTON-WELLESLEY OBSTETRICS & GYNECOLOGY

2000 Washington Street, Newton, MA 02462 617-332-2345  
1350 Main Street, Walpole, MA 02081 508-668-5555

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Med Rec#: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Can we leave a message  
At home phone?) Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(Please put a line through any question that does not apply to you)*

Marital Status: \_\_\_\_\_

Hospitalized Since Last Visit: \_\_\_\_\_

Number of Pregnancies: \_\_\_\_\_

Ongoing Medical Conditions: \_\_\_\_\_

Number of Children: \_\_\_\_\_

\_\_\_\_\_

Date of Last Period: \_\_\_\_\_

\_\_\_\_\_

Periods Regular? \_\_\_\_\_

Any Surgeries Ever? \_\_\_\_\_

Periods Heavy? \_\_\_\_\_

\_\_\_\_\_

Hysterectomy? \_\_\_\_\_

\_\_\_\_\_

Trying to conceive? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Currently Sexually  
Active? \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Using Contraception? \_\_\_\_\_

Allergies: \_\_\_\_\_

Type: \_\_\_\_\_

Do You Smoke? \_\_\_\_\_

## **Office Visit:**

## **Notes**

Wt: \_\_\_\_\_

BP: \_\_\_\_\_

A/G: \_\_\_\_\_

LMP: \_\_\_\_\_