Stanford HEALTH CARE

Well Woman Annual Preventative Care

Preferred Name: _____ **Age:** _____ **Last period:** _____

Period: Regular Irregular Menopause Hysterectomy Ablation IUD Type: _____ Birth Control Pills

Please list any questions, symptoms, concerns or anything else that you would like to discuss in addition to your annual.

New medical conditions or surgeries since your last visit: ☐ None _____

_____

_____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than ½ the Days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

3. Are you currently in a relationship where your partner makes you feel unsafe? ☐ Yes ☐ No

4. In the past, have you experienced physical or emotional abuse? ☐ Yes ☐ No

Drug Allergies ☐ None ☐ Yes, List with reaction: _____

Latex Allergy ☐ Yes ☐ No

New Medications: _____

Current Contraception: _____ Do you want to change your current method? ☐ Yes ☐ No ☐ N/A

Have you had a sexually transmitted disease? ☐ Yes ☐ No Type? _____

Tobacco Use: ☐ Never ☐ Current ☐ Smokeless Tobacco ☐ Former Smoker

Number of years smoked? _____

Alcohol use: Do you drink alcohol? ☐ Yes ☐ No If yes, Drinks each week: _____

Recreational drug use: ☐ Yes ☐ No Type: _____

Occupation: _____ Relationship Status: _____ Partner's Name: _____

Number of pregnancies: None _____ Full term: _____ Preterm: _____ Miscarriage: _____ Termination: _____

Any family members with new medical problems?: _____

Other doctors that you see: _____

_____

Review of symptoms: Check any of the following that you are **currently experiencing** ☐ **NONE**

General:	☐ Extreme Fatigue	☐ Depression	☐ Fever	
	☐ Weight gain ____ lbs	☐ Weight loss ____ lbs	☐ Cold intolerance	☐ Heat intolerance
Skin:	☐ Rash	☐ Change in mole		
Respiratory/Cardiac:	☐ Shortness of breath	☐ Cough	☐ Chest pain	☐ Palpitations
Breast:	☐ Lump	☐ Pain	☐ Redness	☐ Nipple discharge
Gastrointestinal:	☐ Abdominal pain	☐ Black or bloody stools	☐ Bloating	☐ Diarrhea
	☐ Constipation	☐ Nausea	☐ Vomiting	☐ Change in bowel movements
Gynecologic:	☐ Abnormal bleeding	☐ Pain during sex	☐ Vulvar lump	☐ Painful cramps
	☐ PMS Symptoms _____			☐ Genital herpes
	☐ Menopausal symptoms _____			☐ Genital warts / HPV
	☐ Vaginal discharge			
Urinary:	☐ Loss of urine	☐ Pain with urination	☐ Urinary frequency	☐ Urgency
Musculoskeletal:	☐ Muscle aches	☐ Muscle weakness		
Neurologic:	☐ Change in headaches	☐ Numbness	☐ Dizziness	

For Nursing and Doctors: Height _____ Weight _____ BP _____

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Explanation About Billing Charges for Your Preventive Visit

A **Preventive Exam (Well Visit)** is a specific type of appointment to address disease preventative and recommend screening care depending on age, gender and risk factors. Examples of screening care include discussion of vaccines, mammograms, Pap smears, colonoscopies, birth control, and screening laboratory tests, including screening for sexually transmitted infections. The Preventive Exam is not meant to evaluate, diagnose, or treat existing health problems.

A **Problem Oriented** visit includes the diagnosis, management, and treatment of temporary or ongoing problems. Examples of a problem oriented visit can include colds, injuries, rashes, hypertension, insomnia, depression, diabetes, and abnormal bleeding.

These 2 types of services are distinct. Medicare and insurance companies treat them as distinct appointment types even if they occur during the same visit. We must document and code separately for each type of service that we perform. This may mean that at the time of your Preventive Exam, if discussion and management of problems occur, you may be charged a co-pay for the problem oriented part of your visit. We do not have the option of writing off a visit code. We also do not have the option of writing off your copayment as we are contractually and legally obligated by Medicare or your insurance company to bill and collect them.

We try to avoid this complication by scheduling preventive visits when problems are under control and have already been recently addressed. However, frequently problem discussions arise during preventive visits. If time allows, we are happy to address them. In those cases, we are required to bill both services. Additionally, if lab services are provided and found to be related to a medical condition, you may receive a lab bill as it may be considered non-preventive.

I understand and agree to the conditions above.

Printed Name	Signature	Date

University HealthCare Alliance ("UHA") is a medical foundation affiliated with Stanford Health Care and Stanford Medicine. UHA contracts with a number of physician groups to provide the medical care in the UHA clinics. Neither UHA, Stanford Health Care, nor Stanford University employ the physicians in the clinics and do not exercise control over the professional services provided by the physician groups.