

SURGERY SCHEDULING PREFERENCE

Patient's Name _____ Date _____

Please carefully answer the questions below. With this information, we will make every effort to meet your personal request. In addition, you are welcome to call the office at any time regarding your appointment.

1. When would you prefer to have your surgery? _____

2. When will you NOT be able to come for your surgery?
 Not applicable. I can come anytime.
 I cannot come (give specific dates):

3. How much advance notice will you need in order to make arrangements for coming here?
 2 days 1 week 2 weeks 3 weeks
 1 month 2 months 3 months
 other: _____

4. Where can you be reached by telephone during daytime hours to arrange your surgery date?

Telephone Number
(area code + number)

If I am not in, you can talk with
Name Relationship to you

a) _____
b) _____
c) _____

5. My Patient Information Forms
 have been sent to you already.
 are enclosed.

6. Please detail any other information about your personal situation or scheduling that might be helpful in our understanding your needs.

PATIENT INFORMATION FOR TUBAL RECONSTRUCTION
(please print or type)

Date _____

Name _____ Birthdate _____ Age _____

Mailing Address _____
(street) (city) (state) (zip)

Home Address _____
(street) (city) (state) (zip)

Home Tel. # _____ Social Security # _____

Cell # _____

Business Tel. # _____

Marital Status: Single Engaged Married

Email Address _____

Occupation _____ Employer _____

Husband/Fiance's Name _____ Birthdate _____ Age _____

Cell # _____

Work # _____

Occupation _____ Employer _____

Health Insurance Co. _____ Effective Date _____

Group # _____ ID/Member# _____ Coverage Code _____

Referred by: _____ Telephone # _____

1. Have you ever had any children? _____ If so, how many? _____
Has your husband/fiance ever had any children? _____ If so, how many? _____
If not, has your husband/fiance had a semen analysis performed? _____ If your husband/fiance has not fathered a child previously, a semen analysis must be done and results received and reviewed by the doctor prior to scheduling surgery. (attach test results if performed)

2. What was the cause of your tubal obstruction? Tubal ligation? Other? _____
If tubal ligation, when was the procedure performed? _____

3. Were there any previous attempts at reconstruction of tubes? _____
If so, how many _____ When? _____

4. Why do you want a tubal reconstruction now? _____

5. When were you last seen by a doctor for a physical examination? _____
Is your health generally good? _____
If you have any health problems, please indicate on attached medical history form.

6. When was the date of your last pap smear? _____ (attach test results)

7. When was the date of your last pelvic exam? _____ (attach test results)

8. When was the date of your last breast exam/mammogram? _____ (attach test results)

MEDICAL HISTORY

(please print or type)

Name _____

Date _____

A. Height _____ Weight _____

B. Past Medical History

1. Have you ever had any of the following illnesses?

- a. heart disease_____
- b. diabetes_____
- c. tuberculosis_____
- d. cancer_____
- e. infectious diseases other than colds or "flu"_____
- f. hepatitis _____ if so, when and how contracted_____
- g. sexually transmitted diseases? _____ when? _____ how treated? _____
- h. frequent colds_____
- i. ulcers_____
- j. bowel problems_____
- k. high blood pressure_____
- l. bleeding disorder_____
- m. asthma or other lung disease_____
- n. urinary problems_____
- o. other_____

2. List all past hospitalizations and/or operations_____

3. Do you have any allergies? Please list:

- a. to foods_____
- b. to drugs or medication_____
- c. other_____

4. Are you following a special diet? If so, what? _____

5. List all medications or drugs you are taking. State how often and the reason for taking them_____

6. Do you use tobacco? Please list:

- a. cigarettes _____ How much? _____ How long? _____
- b. cigars _____ How much? _____ How long? _____
- c. other _____ How much? _____ How long? _____

7. Do you drink alcoholic beverages? _____ How much? _____ How long? _____