

The Womens Wellness Center of South Florida, L.L.C.
PATIENT INTAKE QUESTIONNAIRE

Chief Complaint: _____

Duration of symptoms: _____

Medical Problems:

_____ Allergies to Antibiotics: _____

_____ Anemia

_____ Asthma

_____ Cancer

_____ Depression

_____ Diabetes

_____ Endometriosis

_____ Gastric Reflux

_____ Heart Disease

_____ High Blood Pressure

_____ Hepatitis

_____ Hypothyroidism

_____ Kidney Disease

_____ Liver Disease

_____ Neurological Disorders

_____ Ulcers

_____ Family History _____

_____ Other _____

Surgeries:

Patient Signature

Date