

KAMM MCKENZIE OBGYN

Phone (919) 781-6200 *Fax* (919) 783-1819 www.kmobgyn.com *Text us* @ (919) 781-6200

ANNUAL UPDATE FORM

Please fill out this form completely, noting any UPDATES from your MOST RECENT ANNUAL WELLNESS VISIT. This is a confidential record of your medical information.

Patien	t Name: Preferred Name:							
DOB: _	Preferred Pronouns (circle one): She/Her He/Him They/Their Other							
MEDIC	MEDICATIONS/SUPPLEMENTS- Please list any changes in medications or supplements you are taking.							
MEDIC	CAL/SURGICAL HISTORY- Please list any new medical conditions, diagnoses, or surgeries.							
PREVE	NTATIVE HEALTH SCREENINGS- Please list the date/ results of your most recent screenings.							
0	Pap Smear: o Bone Density:							
0	Mammogram: O Cholesterol:							
0	Colonoscopy: o Diabetes Screening:							
SEXUA O	L HEALTH / REPRODUCTIVE HISTORY- Please circle or fill in the blanks. 1st day of your last menstrual period: Are you certain of this date? Yes No							
	 Have you taken a home pregnancy test since your last period? Yes No Result: 							
0	Are you currently sexually active (circle one)? Yes No							
	 If YES, is your Partner (circle all that apply): Male Female Other Gender Identity 							
0	Are you using any method of pregnancy prevention? Yes No Method?							
0	Are you currently trying to conceive? Yes No							
SOCIA	L HISTORY - Please circle or fill in the blanks.							
0	Marital Status (circle one): Single Engaged Married Divorced Separated Widowed							
0	Occupation:							

0	Do you Exercise (circle one)?: Yes No	Type /Fre	quency:					
0	Alcohol Intake: Number of drinks per we	ek:	7	Гуре:				
0	Tobacco Use (circle one): Never For	mer Curr	ent - # Pac	cks per day: #	t of years:			
0	 Marijuana Use (circle one): Never Sometimes Regularly 							
0	Illicit Drugs (circle one): Never Former	Current	- Type/Fr	equency:				
DOMESTIC VIOLENCE SCREENING:								
*	Have you ever been the victim of any form of Domestic Abuse (circle all that apply)? Sexual Abuse Physical Abuse Emotional Abuse Verbal Abuse No History of Abuse							
	o If YES, list dates:				Yes No			
DEPRESSION SCREENING: THE PATIENT HEALTH QUESTIONNAIRE-2								
	the past 2 weeks, how often have you	Not at	Several	More than half the	Nearly every day			
been	the past 2 weeks, how often have you bothered by any of the following ems? (circle one)	Not at all	Several days	More than half the days	Nearly every day			
been	bothered by any of the following				Nearly every day			
been	bothered by any of the following ems? (circle one) 1. Little interest or pleasure in doing	all	days	days	, , ,			
been	bothered by any of the following ems? (circle one) 1. Little interest or pleasure in doing things 2. Feeling down, depressed, or	all 0	days 1	days 2	3			
been	bothered by any of the following ems? (circle one) 1. Little interest or pleasure in doing things 2. Feeling down, depressed, or	all 0	days 1	days 2	3			
been proble	bothered by any of the following ems? (circle one) 1. Little interest or pleasure in doing things 2. Feeling down, depressed, or	all 0	days 1	2 2	3			