



TANIA WHITE JACKSON, M.D., P.A
Obstetrics & Gynecology

ESTABLISHED PATIENT FORM

Name: _____ Date: _____

Primary Care Physician(PCP): _____ PCP Phone #: _____

1. Interval history, major health events, operations, hospitalizations and current problems since we last saw you.

2. Allergies: List the name of drugs (including intravenous dye/contrast and list the type of reation (hives, rash, or swelling, etc.) experienced.

3. Latex Allergy? Yes No

4. List ALL of your current medications, their dosage and frequency. Include over-the-counter medications, vitamins, minerals, supplements or herbal medications.

5. Height _____ Recent Weight _____ Weight gain since last visit _____

Last Menstrual Period: _____

Recent irregular bleeding, abnormal vaginal discharge, blood in stool or black tarry stool? Yes No

Please Explain: _____

Signature Field

Date/Time Field