Dr. R. Novak, MD, FRCSC, ARDMS Gynaecologist/Obstetrician 1265 Arthur St East, Suite 407 Thunder Bay, Ontario P7E 6E7

Phone: (807) 622-0055 Fax: (807) 622-6333

PATIENT PROF	FII F
Name	Age
Occupation	Marital Status
Family Doctor	Phone # Home
Work	Cell
Obstetrical/Gynaecological History	
Date of the first day of last menstrual period: Number of days between periods: Length of periods (days): Menstrual flow (light, medium, or heavy)	
Date of last PAP test: Have you ever had an abnormal PAP test?	
Have you had any recent ultrasounds? If so where Appro	
Have you ever been treated for gonorrhea, ch or genital warts?	
How do you prevent pregnancy (type of contra	aception used)?
How many pregnancies have you had (total)? Number of vaginal deliveries Number of cesarean sections	

Number of miscarriages or therapeutic abortions		
Please list any surgeries done on the bladder, uterus, ovaries or tubes:		
Year Name of procedure		
		
Has anyone in your family been diagnosed with cancer including bowel, colon, breast, uterine/endometrial or ovarian? If so please list		
Please list or attach a list of your current medications (with dosages if possible)		
Please list any drug allergies:		
Have you ever been diagnosed with the following (Please check if you have)		
Asthma High blood pressureStroke		
Diabetes AnginaStomach ulcer Heart attack Cancer		
Please list any other surgeries you have had:		

Do you smoke Cigarettes: _	If so, Approximately how many a day?
What is your alcohol intake How many cups of coffee/te	each week?ea/cola do you drink each day?

DISCLOSURE

Dr. Novak is affiliated with the Northern Ontario School of Medicine. Medical students and Residents are regularly involved in clinic activities and are directly involved in patient care. Your consent to be involved in medical teaching is greatly appreciated, as the education of future doctors and specialists is important. If you do not want to provide your consent please advise the receptionist before your appointment.