NEW PATIENT
REQUEST FORM

William Groves MD
OBSTETRICS AND GYNECOLOGY
1890 W. Gauthier Road, Suite 130
Lake Charles, LA 70605
Office (337) 480-5530 Fax (337) 480-5531

PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

PRIMARY CARE PHYSICIAN: _____

CURRENT OB/GYN: _____

REASON FOR TRANSFER: _____ APPT DATE DESIRED: _____

INSURANCE COVERAGE: _____

CONTACT PHONE NUMBER: _____

WE DO NOT ACCEPT MEDICAID (PRIMARY OR SECONDARY) FOR WELLNESS OR GYN CARE.

GYNECOLOGICAL INFORMATION

GYNECOLOGICAL PROBLEMS/ OR CONCERNS: _____

PRIOR TREATMENTS (MEDICAL OR SURGICAL FOR THE ABOVE): _____

LIST ALL PRIOR SURGERIES: _____

PRIOR LAB OR IMAGING RELATED TO GYN PROBLEMS: _____

J. William Groves, Jr., MD

PREGNANCY HISTORY

NUMBER OF PREGNANCIES: _____ NUMBER OF DELIVERIES: _____

TYPE OF DELIVERY: VAGINAL _____ CESAREAN _____ LARGEST BIRTH WEIGHT: _____

NUMBER OF MISCARRIAGE OR OTHER PREGNANCY LOSSES: _____

DESIRE FOR FUTURE CHILDBEARING: YES NO

PREGNANCY COMPLICATIONS OR COMMENTS: _____

_____

_____

MEDICAL INFORMATION

CHRONIC MEDICAL PROBLEMS (such as heart disease, diabetes, high blood pressure, etc.): _____

_____

_____

_____

DAILY MEDICATIONS: _____

_____

_____

BLOODWORK (ANEMIA, ETC.): _____

_____

_____

_____

ULTRASOUND OR OTHER IMAGING RESULTS: _____

_____

_____

_____

MOST RECENT PAP TESTS & RESULTS: _____

_____

_____

_____

J. William Groves, Jr., MD