

New Patient Appointment

Welcome to Valley Medical Group Urogynecology, the office of Dr. Cristina Saiz & Dr. Patrick Culligan.

Prior to your appointment on _____ at _____ please complete the following:

1. **Fill out the attached paperwork and bring it with you to your appointment.**
2. If you have seen Dr. Culligan in the past, please call to tell us which location you visited so that we can retrieve your records. Our number is 201-221-0504.
3. If you have seen another doctor for your current urinary / pelvic floor symptoms or have other relevant medical information that is not within the Valley Medical Group system, please obtain those records from the provider.
 - a. You may have the records sent directly to us. Our fax number is 201-389-6401.
 - b. You may bring them with you if you prefer.

Please arrive **15 minutes** prior to your appointment time to complete your registration.

Contact us from 8 AM to 4 PM at 201-221-0504 if you have any questions.

VALLEY UROGYNECOLOGY - INTAKE FORM *PLEASE BRING MEDICATION LIST*****

Name

*****OBGYN Doctor**

DOB

*****FIRST AND LAST NAME & Town:**

*****PRIMARY CARE DOCTOR**

Height

*****FIRST AND LAST NAME & Town:**

Weight

*****Pharmacy (name, town):**

Please list all your chronic medical conditions as well as any past medical history (including conditions that may have resolved)

Please list any past surgical procedure / surgeries: Make sure to include the year

Please list any prior hospitalization including date/reason for hospital admission: (NOT ALREADY LISTED ABOVE)

Please list all the medications that you are currently taking, include dose (mg, number of tablets) and frequency (once a day, etc)

Do you have any allergies? If so, please include not only medications, but also food/metals/etc. and describe type of allergic reaction

Have you ever smoked?

Family history: Please list any relevant family history of first/second degree relatives. Include any family history of breast / ovarian / uterine / colon cancer

Past Ob/Gyn history:

Please indicate number of:

Pregnancies:

Cesarean sections:

Vaginal deliveries:

3rd / 4th degree lacerations:

Last menstrual period:

Have you ever had an abnormal PAP smear?

When was your last PAP smear?

Date of last colonoscopy:

Result: