

GYNECOLOGIC SURVEY

(CIRCLE DOCTOR)

Jacque T. LaBarre, M.D., F.A.C.O.G.

M. Cecilia Bellmann, M.D.



8001 Youree Drive
Suite 900
Shreveport, Louisiana 71115
ph (318) 797-0101
fax (318) 797-0010

TODAY'S DATE _____

NAME _____ AGE _____

REFERRED BY _____

PREGNANT ? YES _____ NO _____

REASON FOR APPOINTMENT _____

NUMBER OF PAST PREGNANCIES _____

BORN ALIVE _____ STILL BORN _____

WEIGHT OF LARGEST _____ SMALLEST _____

AGE OF OLDEST _____ YOUNGEST _____

MISCARRIAGES _____ PREGNANCY TERMINATIONS _____

HISTORY OF LABOR AND DELIVERY:

COMPLICATIONS _____

BIRTH DEFECTS _____

LONGEST LABOR _____ HRS SHORTEST LABOR _____ HRS

C-SECTIONS YES _____ NO _____

PAST MEDICAL HISTORY

ANY SERIOUS ILLNESSES _____

PREVIOUS SURGERIES _____

CURRENT MEDICATIONS _____

ALLERGIC TO MEDICATIONS _____

DO YOU SMOKE? YES _____ NO _____

LAST PAP TEST _____ NORMAL _____ ABNORMAL _____

MENSTRUAL HISTORY

PERIODS OCCUR EVERY _____ DAYS

PERIODS LAST _____ DAYS

CRAMPS? YES _____ NO _____

MILD _____ MODERATE _____ SEVERE _____

LAST PERIOD BEGAN _____

ENDED _____

FAMILY / PERSONAL HISTORY

	YES	NO
THROMBUS / BLOOD CLOT	_____	_____
DIABETES	_____	_____
HIGH BLOOD PRESSURE	_____	_____
FEMALE CANCER	_____	_____
BREAST	_____	_____
OVARY	_____	_____
UTERUS	_____	_____
CERVIX	_____	_____

BIRTH CONTROL

NAME OF BIRTH CONTROL PILLS _____

CONDOMS _____ IMPLANT _____

PATCH _____ NUVARING _____

OTHER _____

TUBAL LIGATION ? YES _____ NO _____

MAMMOGRAMS

LAST MAMMOGRAM _____

NORMAL _____ ABNORMAL _____

EMAIL ADDRESS _____

PRIMARY DOCTOR _____

YOU MAY FAX FORM BACK TO 318-797-0010

OR EMAIL BACK TO: OBGYNCLINIC@ME.COM