Wendy K. Corning, MD, FACOG **Review of Systems** **Today's date: _____**

Name: _____ **Date of Birth: _____**

Your answers on this form will help your clinician understand your medical concerns and conditions better. **Best estimates** are fine if you cannot remember specific details.

REASON FOR YOUR VISIT: _____

Name of your Primary Care Physician: _____ When last seen? _____

Date last menstrual period started (or year) _____ Frequency_____ Length of period_____

Are you having period problems? Pain_____ Bleeding Problems_____ Clotting_____ Other _____

If yes please explain: _____

In the last year have you been seen by other doctors or at the Emergency Room? When and why:

_____

Give us the month and year of your last Mammogram _____ Cholesterol/Lipids _____

Bone Density/DEXA _____Colonoscopy _____

Have you had other recent labs or x-rays? When and Why: _____

REVIEW OF BODY SYSTEMS: Please check (√) any current problems you have on the list below.

Constitutional		Chills		Fatigue		Weight gain
		Excessive thirst		Fever		Weight loss
		Excessive urination		Night Sweats		Hot flashes
Eyes		Recent changes in vision				
Head, ears, nose, throat		Hay fever or allergies		Problems w/teeth/gums		Sinus pain/congestion
Breasts		Changes in skin		Discharge		Lumps
Indicate Left or Right Breast		Pain				
Cardiovascular		Chest pain		Palpitations		
Respiratory		Cough		Shortness of breath		Wheezing
Gastrointestinal		Abdominal pain		Bowel changes		Nausea
		Bloating		Constipation		Rectal bleeding
		Blood in stools		Diarrhea		Vomiting
Genitourinary/ Gynecological		Urinary frequency		Pain with urination		Vaginal Itching
		Urinary leakage		Urinary retention		Vaginal discharge
		Urgency		Painful intercourse		Vaginal odor
Skin		Changes to existing skin lesions or moles				Rash
Neurological		Dizzy/lightheaded		Headaches		
Psychiatric		Anxiety		Depression		Difficulty sleeping
Heme-Lymphatics		Bleeding disorder		Unexplained lumps		
Others not mentioned						

Have you started taking any new medications or stopped taking any medications since your last appointment with us? If so, indicate when and why. Please list: _____

_____

Many medications have a generic that is the same as the brand name.

If Dr. Corning or the nurse practitioner feel the generic is the same, are you okay with her prescribing the generic? ____ Yes to generic ____ No (Brand Only)
Do you prefer prescriptions in a _____ 30 day supply or a ____ 90 day supply?

Medication requests: What medications would you like us to refill today? _____

_____

Preferred pharmacy: _____

Additional Problems/Concerns: _____

_____

UPDATE SOCIAL HISTORY: Please answer the following questions.
Tobacco Use: Yes_____ No_____ In Past_____ If current smoker: Packs/day_____ How long?_____

Alcohol Use: Drinks/week _____

Recreational Drug Use: Yes ____ No _____ What drug/drugs? _____

Have you ever been sexually active? Yes _____ No _____

Are you currently sexually active? Yes _____ No _____

Have you changed or had new sexual partners in the last year? Yes _____ No _____

Have you had more than 4 lifetime sexual partners? Yes _____ No _____

Do you want STD testing? Yes____ No____

Do you perform self-breast exams? Yes____ No_____ If yes, how frequently? _____

Have you had the Gardaril/HPV Vaccine? Yes_____ No_____ If yes, when? _____ Have you done all 3? _____

New guidelines for the HPV vaccine are ages 9-46. If you fall in this range and have not had it, do you want this vaccine? Yes____ No____ Want to talk with the doctor about this _____

IMMUNIZATION HISTORY: (Please list all vaccines. Include your best estimate of month and year)

Vaccine	Date	Vaccine	Date
Influenza (1 dose annually)		Meningococcal (meningitis)	
Varicella (Chicken Pox) (2 doses)		Pneumovax (pneumonia) (age 65)	
Measles, mumps, rubella (1 or 2 doses)		Zoster (Shingles) (1 dose age 60)	
HPV – Gardasil (3 doses)			
Td/Tdap (1 booster Tdap, Td every 10 yrs) (Tetanus, Diphtheria, Pertussis)			

Wendy Kinsey Corning, MD, FACOG

383 S. Park Ridge Road, Suite 102
Bloomington, Indiana 47401
Phone: 812-330-5250 • Fax: 855-929-1616

Dear Patient:

You are scheduled for an annual exam. An annual exam consists of **Wellness Issues Only**. It is a head-to-toe physical exam, including a pelvic and breast exam and the collection of a Pap test. We will arrange for age-appropriate routine testing such as a mammogram, screening blood work such as cholesterol, or follow-up blood work such as thyroid levels to monitor known problems. This exam may include minor problems such as uncomplicated infections, STD screening, and contraception changes, refills or medications, or any changes of medications, etc.

However an annual exam **Does Not** include prolonged consideration of medical conditions. **These Are Problem-Focused Visits And Will Be Billed As Such**. These are issues including but not limited to detailed discussions of contraceptive options, evaluating pain, heavy periods, PMS, bladder-control problems, menopausal concerns, detailed questions about hormone therapy, reviewing blood work or biopsies, etc. Sometimes, a significant problem may be found during an annual exam. The additional time to evaluate a new problem found on exam is also not part of an annual exam. **This means that there may be two (2) separate charges to the insurance for the single exam. One for the Wellness and one for the Problem Focused Issue**. **ALL Problem Focused Visits Are Subject To Co-pays & Deductibles Set Up By Your Insurance.**

It is the practice of this office to file claims with insurance that accurately reflect the services rendered. This means that your insurance may be billed for both an annual exam and a problem-focused visit/exam. Most insurance companies cover both services on the same day. **However, If You Do Not Have A Co-Payment For Wellness Visits, You May Have One For A Problem-Focused Visit Rendered On The Same Day.**

If you have significant problems at the time your annual exam is scheduled, it may also be necessary to postpone either the annual or the problem-focused visit and do them separately. Dr. Wendy Corning may have other patients scheduled immediately after your appointment, and it would not be fair to those patients to have their visits delayed excessively. We may also be aware that your insurance company will not pay for both services on the same day. In that case, we will ask you to schedule another appointment.

I have read the above and agree to the policies of Wendy Kinsey Corning, MD. LLC

_____ _____

Signature Date

_____

Printed Name

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Dear Patient,

During your exam today, we will be performing a Pap test. A Pap test is a screening test for cervical and vaginal cancer. A normal screening will be returned to us as “negative”.

Sometimes this screening test will be returned to us with a result labeled “atypical” or “squamous cell lesion”. In this case, further testing is needed to determine the cause of the unusual or atypical cells. This follow-up testing will determine the presence or absence of HPV, or Human Papilloma Virus. Atypical cells with a positive HPV need further diagnostic testing, while atypical cells with a negative HPV is considered to be a normal Pap smear.

HPV testing can be performed from the same sample of cells that were collected for your Pap test, but this test is time-sensitive and must be performed within a specified number of days from the date of collection. Therefore, we will order today what is called “reflex testing”.

Reflex testing simply means that if your Pap test is normal, no other tests will be performed, and the bill you receive from the laboratory will be for the Pap only. If your Pap test is returned with atypical or abnormal cells, HPV testing will automatically be performed. In this case, the bill you receive from the lab will include both the Pap and the HPV test. This is now considered standard protocol, regardless of which laboratory does the testing.

We realize that reflex HPV testing may result in a significant increase to your lab bill. However, we firmly believe that this is a vital piece of information to have in the event of an abnormal Pap. HPV typing is the easiest and most effective means we have to determine how to treat an abnormal Pap test. One other option exists as an alternative to reflex testing, but as this requires two office visits and collection of two separate samples of cells, we believe that reflex testing is also the most cost-efficient method.

Please feel free to let us know today if you wish to decline reflex HPV testing.

____ I have read the above information and choose to allow Reflex HPV testing.

____ I have read the above information and choose to decline Reflex HPV testing. I understand that this may result in being recalled for another office visit if my Pap test is atypical or abnormal.

Signature _____ Date_____

Patient Name _____