

# Starkville Clinic for Women

100 Medical Park Dr  
Starkville, Ms 39759

Update Form  
Form #PI-102  
Revised: 03/17/2023

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Primary Physician: \_\_\_\_\_

REASON FOR YOUR VISIT TODAY:  Wellness Exam  New Pregnancy  Contraception  Problem

If having a problem, please list: \_\_\_\_\_

At what age did menstruation begin? \_\_\_\_\_

What was the first day of your last menstrual period? \_\_\_\_/\_\_\_\_/\_\_\_\_

Post menopausal Year of last period: \_\_\_\_\_ Is your period usually:  light  moderate  heavy

How often do you get your period? \_\_\_\_\_ How many days does your period last? \_\_\_\_\_ days  
(exa. Monthly, every three weeks, every 6 weeks, etc)

New Medical Problems/Surgeries since your last visit with us: \_\_\_\_\_

When was your last seasonal Flu Vaccine? Date: \_\_\_\_\_  I did not receive the Flu Vaccine

Have you received the COVID 19 vaccine? Yes or No Date: \_\_\_\_\_

Have you had genetic (BRCA/Colaris) testing? Yes or No Date: \_\_\_\_\_

Are you allergic to any medications?

Allergy

Reaction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications you currently take:

Name of medication

Dosage

Times per day

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_