



37 South 2nd East
Rexburg, ID 83440
(208) 356-0234
www.seasonsmedical.com

WOMEN'S CENTER OBGYN NEW PATIENT FORM

Welcome to Seasons Women's Center. As a new patient, please complete the following information to the best of your ability.

PATIENT'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS (If different than mailing): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ PRIMARY PHYSICIAN: _____

MARITAL STATUS: Married Widowed Divorced Single OCCUPATION: _____

GUARANTOR INFORMATION (IF DIFFERENT FROM PATIENT)

GUARANTOR'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ SEX: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____

NAME: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____ POLICY #: _____ GROUP #: _____

POLICY HOLDER: _____ RELATIONSHIP TO PATIENT: _____ SS #: _____

BIRTH DATE: _____ WILL YOU BE APPLYING FOR MEDICAID? Yes No

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I assign the benefits payable to which I am entitled, including Medicaid, private insurance and other health plans, to Seasons Medical and authorize the practice to appeal on my behalf any incorrect insurance payment. This assignment will remain in effect until revoked by me in writing. I have also had the opportunity to review the Notice of Privacy Practices available at the clinic's front desk, and on the clinic's website, and been provided an opportunity to ask questions.

SIGNATURE: _____ DATE: _____

NONDISCRIMINATION CIVIL RIGHTS

Seasons Medical complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Seasons Medical cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese: Seasons Medical 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。



37 South 2nd East
Rexburg, ID 83440
(208) 356-0234
www.seasonsmedical.com

WOMEN'S CENTER GYN NEW PATIENT FORM

Welcome to Seasons Women's Center. As a new patient, please complete the following information to the best of your ability.

REASON FOR CURRENT VISIT: _____

WHEN WAS YOUR LAST MENSTRUAL PERIOD: _____ AVERAGE LENGTH OF PERIODS: _____ DAYS

DO YOU HAVE REGULAR MONTHLY PERIODS? Yes No PERIODS: Mild Moderate Heavy

CRAMPS ARE: Mild Moderate Severe LAST MAMMOGRAM: _____

LAST PAP: _____ ANY PREVIOUS ABNORMAL PAPS: _____

LIST YOUR CURRENT MEDICATIONS AND DOSAGES: _____

CURRENT FORM OF BIRTH CONTROL USED: _____

LIST ANY KNOWN ALLERGIES: _____ NO KNOWN ALLERGIES

LIST ANY SURGERIES OR HOSPITALIZATIONS: _____

LIST CURRENT MEDICAL ISSUES: _____

TOTAL PREGNANCIES: _____ MISCARRIAGES: _____ LIVING CHILDREN: _____

ANY COMPLICATIONS WITH PREGNANCIES: _____

ALCOHOL: Yes No | TOBACCO: Yes No | STREET DRUG USE: Yes No

LIST ANY MEDICAL CONDITIONS IN YOUR FAMILY: Cancer Heart Disease Asthma Diabetes

Other _____

HAVE YOU OR A FAMILY MEMBER EVER HAD A NEGATIVE REACTION TO ANESTHESIA? Yes No

IF YES, PLEASE EXPLAIN: _____

ANY OTHER INFORMATION YOU WOULD LIKE YOUR HEALTHCARE PROVIDER TO KNOW: _____

