



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

WOMEN'S CENTER PRENATAL 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 PRENATAL NEW PATIENT FORM

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

Total Pregnancies		Term	Pre-Term	Abortion: Elective Spontaneous		Living		C. Sections	Twins	
Year	Place of Birth	Full Term	Duration of Labor	Type of Delivery	Complications	Sex	Wt.	Anaesthesia	Current Health (Including Birth Defects)	
		Y/N			Y/N			Y/N		
		Y/N			Y/N			Y/N		
		Y/N			Y/N			Y/N		
		Y/N			Y/N			Y/N		
		Y/N			Y/N			Y/N		
		Y/N			Y/N			Y/N		
PRESENT PREGNANCY					GENETIC SCREENING					
<input type="checkbox"/> Vomiting					<input type="checkbox"/> Anyone in either family with:					
<input type="checkbox"/> Bleeding					<input type="checkbox"/> Mental Retardation					
<input type="checkbox"/> Vaginal Discharge					<input type="checkbox"/> Birth Defects (Heart, Spinal, etc.)					
<input type="checkbox"/> Fever or Infection					<input type="checkbox"/> Hereditary Disease (Muscular Dystrophy, Hemophilia)					
<input type="checkbox"/> Radiation					<input type="checkbox"/> Bleeding Disorder					
<input type="checkbox"/> Medicine or Drug Use					<input type="checkbox"/> Diabetes					
<input type="checkbox"/> Constipation					<input type="checkbox"/> Kidney Disease					
Last Menstrual Period?					<input type="checkbox"/> Eczema, Asthma					
If you knew this baby had physical or genetic defects, would you abort this pregnancy?					<input type="checkbox"/> Still Births					
Would you be interested in testing for these defects?					<input type="checkbox"/> Anesthesia Reactions					
PAST HISTORY										
Drug Reaction			Hypertension/Toxemia			Bleeding Problems				
Allergy			Rheumatic Fever			Hepatitis				
Blood Transfusions			Asthma			Varicose Veins				
Infertility			Diabetes			Venereal Disease (PID, Herpes, Warts)				
Tubal Pregnancy			Convulsions			Tobacco: Before Pregnancy				
Transfusion			Tuberculosis			Tobacco: Now				
RH Disease			Thyroid Disease			Alcohol: Before Pregnancy				
Heart Disease			Kidney Disease			Alcohol: Now				
Surgery			Hospitalizations			Street Drugs				
FOR OFFICE USE ONLY										
<input type="checkbox"/> Nutrition			<input type="checkbox"/> Preferred Anesthesia			<input type="checkbox"/> Physical Activity		<input type="checkbox"/> Breast Feeding		
<input type="checkbox"/> Medications			<input type="checkbox"/> Circumcision			<input type="checkbox"/> Toxoplasmosis		<input type="checkbox"/> Pediatrician		
<input type="checkbox"/> Premature Labor Symptoms			<input type="checkbox"/> Car Seat			<input type="checkbox"/> Travel		<input type="checkbox"/> Birth Control		
<input type="checkbox"/> Prenatal Classes										