Sweetwater Medical Associates

16651 Southwest Freeway, Suite 100
Sugar Land, Texas 77479

General Physical Exam

Patients, please read before signing this form.

Most insurance companies will pay for only one type of visit in a day: either an annual/general physical exam or an illness/problem exam. If the physician does address a condition outside of the "Annual/General Physical Exam," be aware that you will be responsible for TWO SEPARATE CO-PAYMENTS ON THE SAME DAY.

Thank you for scheduling your annual physical exam with our office. This exam consists of the following elements:

1. **A review/update of your family history of diseases and medical conditions.**
2. **A review/update of your social history including tobacco use, alcohol use, drug use.**
3. **A review of your medical risk factors – this is not to change treatment or refill medications. This is to help make decisions in risk assessment for heart attacks, cancer, lung disease, etc…**
4. **Physical examination**
5. **The need for lab work, diagnostic testing, imaging and/or vaccination is determined From the above information.**

*****Again, due to restrictions by your insurance company, if we address any medical problems outside of the above-mentioned list, which constitutes an "Annual/General Physical Exam", they may not cover more than one type of visit in a day.*****

***********BY SIGNING BELOW, I AGREE THAT ANY SYMPTOMS, MEDICAL PROBLEMS, AND/OR LABS NOT ASSOCIATED WITH THE ABOVE-MENTIONED LISTING, THAT ARE REQUESTED BY ME TODAY ARE MY RESPONSIBILTY TO PAY AT TIME THE SERVICES ARE RENDERED. IN THE EVENT THAT MY INSURANCE WILL NOT PAY FOR BOTH A SYMPTOM VISIT AND A PHYSICAL IN THE SAME DAY, I WILL BE FULLY RESPONSIBLE TO PAY FOR NON-COVERED SERVICES.***********

If you have a new or acute medical condition that you feel needs to be addressed today, please notify the medical assistant and we will help you reschedule your general physical exam to another time, or if you choose to have your acute problem evaluated today, you will be expected to pay two separate co-payments.

Thank you for your understanding and cooperation in this matter.

Jeffery T. Alford, MD
Dina B. White, MD

_____
Date

_____
Patient Name

_____
Medical Assistant Signature

_____
Patient Signature

FEMALE HEALTH ASSESSMENT QUESTIONNAIRE

NAME: _____ EMAIL: _____

TODAY'S DATE: _____ PHONE: _____

Please mark the appropriate box for each symptom you may be experiencing.

SYMPTOMS	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
Physical Exhaustion (fatigue, lack of energy, stamina or motivation)	☐	☐	☐	☐	☐
Sleep Problems (difficulty falling asleep or sleeping through the night)	☐	☐	☐	☐	☐
Irritability (mood swings, feeling aggressive, angers easily)	☐	☐	☐	☐	☐
Anxiety (feeling overwhelmed, feeling panicky, or feeling nervous)	☐	☐	☐	☐	☐
Decline in drive or interest (loss of "zest for life," feeling down or sad)	☐	☐	☐	☐	☐
Joint and muscular symptoms (joint pain, muscle weakness, poor recovery after exercise)	☐	☐	☐	☐	☐
Difficulties with memory (concentration, finding the right word, or retaining information)	☐	☐	☐	☐	☐
Vaginal dryness or difficulty with sexual intercourse	☐	☐	☐	☐	☐
Sexual Problems (change in desire, activity, orgasm and/or satisfaction)	☐	☐	☐	☐	☐
Sweating (night sweats or increased episodes of sweating)	☐	☐	☐	☐	☐
Hot Flashes (burst that starts in chest and lasts for short duration)	☐	☐	☐	☐	☐
Hair loss, thinning or change in texture of hair	☐	☐	☐	☐	☐
Feeling cold all the time, having cold hands or feet	☐	☐	☐	☐	☐
Headaches or migraines (increase in frequency or intensity)	☐	☐	☐	☐	☐
Weight (difficulty losing weight despite diet/exercise)	☐	☐	☐	☐	☐
Bladder problems (difficulty in urinating, increased need to urinate, incontinence)	☐	☐	☐	☐	☐

Other symptoms or unique health circumstances to take into consideration: