

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 RESPONSIBILITY TO PAY AT THE 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

BIOTE FEMALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION

Name: _____ Date: _____
Date of Birth: _____ Age: _____ Weight: _____

PATIENT QUESTIONS

- Currently pregnant or trying to conceive? Yes No
Date of last mammogram: _____
Had menstrual cycle (within last 12 months)? Yes No
Date of last menstrual cycle: _____
Had endometrial ablation? Yes No
Is the patient on birth control? Yes No Name of birth control: _____
Has the patient had a hysterectomy? Yes No
If so, type of hysterectomy: Complete (uterus and ovaries removed) Partial (uterus only removed)
Is the patient currently utilizing BHRT or HRT? Yes No
Select types of hormones: Testosterone Progesterone Estrogen Thyroid
Is the patient currently on statins? Yes No
Is the patient a smoker? Yes No

MEDICAL HISTORY

Select all that apply:

Cardiovascular Conditions:

- Heart Attack or Stroke (within last 6 months)
- DVT or Blood Clot (within last 6 months)
- Hypertension
- Hyperlipidemia
- Obstructive Sleep Apnea
- Atrial Fibrillation

Gynecological Conditions:

- Pre-Menstrual Syndrome
- Endometriosis or History of Endometriosis
- Fibrocystic Breast Disease
- Fibroids or History of Fibroids
- Polyps or History of Endometrial Polyps

Cancer:

- Breast Cancer or History of Breast Cancer
- Endometrial Cancer
- Cervical Cancer
- Ovarian Cancer
- Thyroid Cancer or History of Thyroid Cancer
- Meningioma
- Any Other Cancer Excluding Basal Cell Carcinoma

Neurological Conditions:

- Epilepsy or Seizure Disorder
- Depression/Anxiety

Endocrine and Metabolic:

- PCOS
- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid

BIOTE FEMALE HEALTH HISTORY & SYMPTOMS

MEDICAL HISTORY

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erythematosus)
- Psoriasis
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Organ Specific Conditions:

- Liver Disease or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangioleiomyomatosis)
- Osteoporosis or Osteopenia
- HIV
- Hepatitis
- Hemochromatosis

SYMPTOMS AND CONCERNS

Select all that apply:

- Hot Flashes
- Night Sweats
- Vaginal Dryness
- Decreased Interest in Sex
- Inability To or Delayed Orgasm
- Painful Intercourse
- Urinary Incontinence
- Frequent Urinary Tract Infection
- Breast Tenderness
- Weight Gain
- Hair Loss
- Hair Thinning
- Thinning Eyebrows
- Cold Hands or Feet
- Brittle Nails
- Dry or Flaking Skin
- Lack of Energy (Fatigue)
- Decreased Muscle Mass
- Acne
- Facial Hair
- Dry Eyes
- Joint Pain
- Difficulty Sleeping
- Mind Racing at Bedtime