

Jennifer Arzola, M.D. and Rene Perez, M.D.

Dear Patient,

In an effort to provide the best experience during your office visit today, please take a few minutes to complete the following questions. It will help us keep current on very important health issues affecting you and it will allow the most efficient use of time with the Doctor. Thank You!

	CONTRACEPTION		
1.	Are you currently using hormonal contraception (birth control)?	Yes	No
2.	If so, what form of Birth Control are you using?		
3.	Are you planning on having children? Within the next year Within the next 5 years Within the next 10 years My family is complete		ng i
	within the next 3 years within the next 10 years wy family is complete_		ž.
4.	Would you like information on a hormone-free, non-surgical Permanent Birth Control option performed in the comfort of our office?	Yès	No
	MENSTRUAL PERIODS	-	
1.	How long does your average Monthly Period last? days		
2.	Do you ever feel as though your periods impact the quality of your life?	Yes	No
3.	Do you ever experience irregular or inconsistent bleeding patterns?	Yes	No
4.	Would you like information on a simple, safe procedure performed in our office that can significantly reduce or eliminate your monthly periods?	Yes	No
· •	URINARY HEALTH		
1.	Do you ever leak urine when you cough, laugh or sneeze?	Yes	No
2.	Do you ever feel as though you have to urinate urgently?	Yes	No
3.	Do you feel like you have to urinate too frequently?	Yes	No
4	Would you like information on a simple outpatient		· · · · · · · · · · · · · · · · · · ·

No

procedure that can reduce or eliminate your incontinence?