

Welcome to Lone Peak OB/GYN, we are happy to have you as our patient.  
To facilitate your visit, please fill out this form regarding your medical history and any current problems.

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ ID# \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

First day of your last menstrual period \_\_\_\_\_

What concerns or problems do you have to discuss with your doctor today?

Do you have any allergies to any medications? \_\_\_\_\_

What medications do you take on a regular basis (including over the counter and herbal supplements)?

What pharmacy do you use? Name and Address:

How many of each (includes current pregnancy)?

Pregnancies \_\_\_\_\_ Term Births \_\_\_\_\_ Pre-Term Births \_\_\_\_\_  
Live Births \_\_\_\_\_ Stillbirths \_\_\_\_\_ Miscarriages \_\_\_\_\_  
Abortions \_\_\_\_\_ Ectopic \_\_\_\_\_ Twins/Triplets \_\_\_\_\_  
Living Children \_\_\_\_\_

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7
Date of Birth							
Outcome (living/stillborn)							
Gender							
Birth Weight							
Vaginal or C-Section							

Have you had your flu shot this season?  Yes  No Date \_\_\_\_\_

Would you like to sign up for MyChart today?  Yes  No

How did you hear about us? \_\_\_\_\_

Carrie L. Sloan, M.D.  
Rochelle Orr, D.O.  
V. Eve Blair, C.N.M., W.H.N.P.  
Michelle Grub, C.N.M., W.H.N.P.



96 Kimballs Lane, Bldg 3  
Suite 202  
Draper, Utah 84020  
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## Medical History

	Yes	No	Comments		Yes	No	Comments
Abnormal Pap Smear				Heart Attack			
Anemia				Heavy Periods			
Anxiety				High Blood Pressure			
Arthritis				High Cholesterol			
Asthma				Infertility			
Blood Transfusion				Incontinence			
Cancer				Kidney Disease			
Depression				Osteoporosis			
Diabetes				Seizures			
Endometriosis				Stroke			
Fibroids in Uterus				Thyroid Disease			
GERD				Ulcers			

Other: \_\_\_\_\_

## Surgical History

	Yes	No	Comments		Yes	No	Comments
Appendectomy				Fracture Surgery			
Brain Surgery				Hernia Repair			
Breast Augmentation				Hysterectomy			
Breast Surgery				Joint Replacement			
Gallbladder				Laparoscopy			
Colon Surgery				Ovary Removal			
C-Section				Tonsils Removed			
Cosmetic Surgery				Treatment to Cervix			
Endometrial Ablation				Tubes Tied			
Eye Surgery				Other			

Other: \_\_\_\_\_

## Family History

Relationship	Alive or Deceased	Alcohol/Drug Abuse	Asthma	Clotting Disorder	Breast Cancer	Cancer	Colon Cancer	Diabetes	Heart Attack	Heart Disease	High Blood Pressure	High Cholesterol	Kidney Disease	Mental Retardation	Ovarian Cancer	Stroke
Paternal Grandfather																
Paternal Grandmother																
Maternal Grandfather																
Maternal Grandmother																
Father																
Mother																
Brother																
Sister																
Daughter																
Son																

## Social History

	Type	Yes	No
Alcohol Use			
Sexually Active			
Drug Use			
Tobacco Use			
Number of Years			
Number of Packs / Day			

Thank you for completing this form.

Please return it to the receptionist and we will be with you shortly.

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MOUNTAINSTAR

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*affiliated with Lone Peak Hospital*

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