

FWHC  
Robert Eads Health Project Revisit Form

Please complete all information up to solid line

Today's Date \_\_\_/\_\_\_/\_\_\_

Legal Name: \_\_\_\_\_ Preferred Name, if different: \_\_\_\_\_  
Gender: \_\_\_\_\_ Appropriate Pronoun(s): He/him Ze/hir She/her DOB: \_\_\_/\_\_\_/\_\_\_  
Age: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Pharmacy Name/ Number: \_\_\_\_\_

Purpose of Visit: (Please circle ALL that apply:)

1. Infection or pelvic pain    2. Screening for STI's    3. Bladder infection    4. Chest check    5. Birth Control  
6. Annual lower exam/HPV test    7. Blood work/check hormone levels    8. Hormonal Implant/Insertion  
9. Injection teaching    10. Prescription refill (please specify) \_\_\_\_\_  
11. Other: \_\_\_\_\_

*\*If this is your first visit here, please skip to the medical history. Otherwise, complete section below.*

The following information will help us in making decisions about your care today:

Any changes in your medical history since last visit Yes/No    Are you sexually active now Yes/No  
Partner(s) have an infection Yes/No    Length of time with current partner: \_\_\_\_\_mth/\_\_\_\_\_yr.  
1<sup>st</sup> day of **last normal** period, **if applicable**: \_\_\_\_\_ Birth Control used: Yes/No/NA (**if NA, skip ahead**)  
Every time?: Yes/No    Current Method of Birth control: \_\_\_\_\_ Used this for how long?: \_\_\_\_\_  
Problems: \_\_\_\_\_    Are you currently breastfeeding? Yes/No/NA  
List any current medications (over the counter or prescription, including testosterone, if applicable) or herbs and dosage: \_\_\_\_\_  
Please briefly explain any medical information/conditions not covered above that would help us with your care today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Lab: as applicable: Temp: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_/\_\_\_ Pulse: \_\_\_\_\_ HCT: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

UA: (L/N/P/G) \_\_\_/\_\_\_/\_\_\_/\_\_\_ Other: \_\_\_\_\_

**IF APPLICABLE**-----Pregnancy slide test: POS (+)/ NEG (-)    Test pack: POS (+)/ NEG (-)

Comments: \_\_\_\_\_ Initials: \_\_\_\_\_