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Please fill in the blanks and circle correct answers.

Date _____

Name _____ Age _____ Date of Birth _____

Reason for Visit - Annual Check up _____ Pregnancy _____

Other (State Briefly) _____

Referred by _____

No. of Pregnancies _____ No. of Children _____ No. of Miscarriages _____

First day of last period _____ Date of last pap smear _____

Periods usually last 1, 3, 5, 7, _____, days _____ Date of last mammogram _____

Periods occur every 20, 24, 28, 32, _____, days _____

Year you stopped having periods _____

List any serious medical condition: (Heart, Lung, Kidney problems, Diabetes, High Blood Pressure, Etc.):

Operations _____ Year _____

List medications you are currently taking:

Medication _____ For _____

List medications to which you are allergic: _____

Patient Signature _____