

4550 W 109th Street, Suite 130
Overland Park, KS 66211
913-541-9495



Name: _____ Date of Birth: _____ Age: _____

Spouse / Significant Other: _____

Medical History	Family	Self	Medications	Vitamins / Supplements
hypertension				
cancer				
diabetes				
heart disease				
bleeding disorder				
miscellaneous				

Other Pertinent Medical History: _____

Previous Hormone Use: _____

Pharmacy: _____

Surgical History	Hospital	Year

Pregnancy History

Year	Weight	M/F	Labor Hours	Complications