

Referred by:



147-32 Jamaica Avenue • Jamaica, NY 11435

Tel: 718.534.3800

Text: 'Choices' to 27126

[www.choicesmedical.com](http://www.choicesmedical.com)

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Appointment Type: \_\_\_\_\_

Age \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ LMP \_\_\_/\_\_\_/\_\_\_ NKDA Allergies \_\_\_\_\_

Significant Medical/Surgical/Gyn/Family Hx:

Current Meds:

Primary Insurance Information:

Policy Name: \_\_\_\_\_ Policy ID: \_\_\_\_\_

Subscriber Name (if not patient)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Subscriber Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relation to Patient: \_\_\_\_\_

You have an appointment at **Choices Women's Medical Center** on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ at \_\_\_\_\_ am pm

**If available, please bring a copy of your Pap smear results for IUD Insertions. Patients scheduled for termination cannot have anything by mouth after 12 midnight prior to scheduled appointment date**

\*Please request a copy of your records before leaving Choices. For your convenience, you can complete the medical records release during your appointment at Choices.