

Great Neck OB/GYN Updated Medical Questionnaire

To our patients at Great Neck Obstetrics & Gynecology:

We kindly ask you to update any of the information below that has changed since your last visit with us.

Name: _____ D/O/B: _____

1) Please list all current medications including any over the counter medications (please be sure to write the dosage as well as the instructions): _____

2) Have you had any surgery or been diagnosed with any new medical conditions? _____

3) Has your social history changed (has your tobacco/alcohol use) changed? _____
