Daran L. Parham, M.D.
Melissa A. Dietz, M.D.
Kyle A. Wilson, D.O.

Obstetrics and Gynecology

GYN History

Name: _____ Date of Birth: _____

Address: _____City_____State_____Zip_____

Your Phone Numbers: (c)_____(h)_____(w)_____

Insurance: _____

Emergency Contact: _____ Relationship: _____

Phone Numbers: (c)_____(h)_____(w)_____

First Day of Last Menstrual Cycle: _____

CURRENT PRESCRIPTIONS and OVER THE COUNTER MEDICATIONS					
Name of Medication	Dosage (total mg)	Number per day	Prescribing Doctor	Reason for medication	Side effects?

Surgeries in the Past Year: _____

_____

_____

Hormonal Related Issues: _____

_____

Family History Changes: _____

_____

_____

Any additional changes to your medical history in the last year: _____

_____

_____

_____

Utica Women's Specialists, LLC
Kaiser Medical Building at St. John Medical Center
1725 E. 19th St., Suite 401 · Tulsa, OK 74104
918.749.1413 · Fax 918.749.0234
www.uticaobgyn.com