



## **Welcome to Fresno Women's Medical Group**

We would like to draw your attention to the enclosures in this packet and ask that you take the time to read and complete them prior to your visit.

- ✓ Please fill out the Patient Medical History form prior to coming to our office. This will facilitate your being seen in a timely fashion.
- ✓ Please read and sign the office policy.
- ✓ Please bring your insurance information to your visit. If you do not have health insurance, please be prepared to pay the full amount at the time of service.

It is important that you keep the appointment scheduled for you. As a courtesy to other patients, we request that cancellations be made 24 hours in advance. If you miss an appointment without cancellation, you will be charged the basic fee for the scheduled visit. This charge is not paid by your insurance company.

We are here to serve you. Your assistance in these matters greatly facilitates our ability to care for you and other patients in an effective and personal manner.

We are grateful that you have selected Fresno Women's Medical Group for your obstetrical and gynecologic care.

Fresno Women's Medical Group  
Obstetrics and Gynecology  
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(559) 322-2900 Fax (559) 322-2901  
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## WHAT IS AN ANNUAL EXAM?

We are glad you have chosen Fresno Women's Medical Group to provide you with your annual gynecologic examination. Our goal, as always, is to provide you with quality women's health care. We want to work with you to achieve and maintain your health as a woman, and hope that this information will help us do that.

An annual gynecologic exam is a twenty minute visit. It consists of a review of your medical history and a physical examination including a breast and pelvis exam. Usually a Pap smear is collected. Other tests may be performed depending on your age, history, and other individual risk factors. Prescriptions for contraceptives or hormone replacement can be refilled at this visit. We may order additional testing and/or make recommendations based on your individual needs. The emphasis of this visit is on prevention and health care maintenance.

Your gynecologic annual exam is also known as a well-woman exam. If you are having gynecologic problems, or wish to discuss gynecologic concerns, you will need to make an additional appointment on another day to address these issues. If you are having an urgent or emergent gynecologic problem, please let our office staff know prior to your annual exam appointment so we can address these in a timely fashion.

Your annual exam in our office is a gynecologic exam. We are specialists, not primary care providers. We are not qualified to manage your non-gynecologic problems. For this reason, it is very important that you establish a working relationship with your primary care physician. She or he will need to manage all of your non-gynecologic care. The results of all laboratory and radiology studies we order, including your Pap smear, will be sent to your primary care doctor.

In our practice, annual exams are generally done by our nurse practitioners and certified nurse midwives. They are experts with special training in women's health care maintenance. A physician is always available to them for consultation should the need arise. This arrangement allows our physicians to be more available to you when you are having gynecologic problems. If you feel you are a high risk patient or otherwise need to see a physician for your annual exam, please let our staff know when you make your appointment.

Please note, not all insurance plans cover well-woman care. This means that your annual gynecologic exam and the lab fee for your Pap smear may not be covered benefits on your insurance plan. As always, unless your insurance is expected to cover your visit, payment is due at the time service is rendered. Please make every effort to keep your appointment, or call to cancel if you cannot. If you fail to keep your appointment, (or cancel or reschedule with less than twenty-four hours notice), you will be billed for the full amount of your visit. Your insurance company will not cover this charge.

Thank you for your understanding as we strive to provide you with the best in women's health care. We look forward to working with you to achieve and maintain your health as a woman.

**Patient Registration Sheet**

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

Preferred Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Mailings Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Preferred: \_\_\_\_\_

Email: \_\_\_\_\_ Employed By: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Primary Care Dr: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Federal regulations now require that we collect the following demographic information.**

**Please check one of the options from each category.**

- Race:**  American Indian/Alaska Native  Asian  Black/African America  Decline to answer  
 Native Hawaiian/Pacific Islander  White  Other Race
- Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino  Decline to answer

**Insurance Information** (Please provide a current copy of your insurance card).

Primary Insurance Carrier: \_\_\_\_\_ Self/Spouse/Parent through Individual or Employer

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Insurance Carrier: \_\_\_\_\_ Self/Spouse/Parent through Individual or Employer

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I understand that I will be responsible for any co-insurance, deductible, or spend down not covered by my insurance. If any balance is not paid when due, I understand that I will be responsible for the balance. I also understand that if the unpaid account is referred to an outside agency, I am responsible to pay all costs of collection including attorney fees. I hereby authorize the release of information to my insurance carrier or its intermediaries for all covered services rendered by Fresno Women's Medical Group, A member of Community Foundation Medical Group (CFMG) a part of Santè Health Foundation, and you may receive a bill from CFMG for your services with FWMG.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print name if other than patient

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Today's Date



## OFFICE POLICY

Fresno Women's Medical Group, Inc. (FWMG), offers women's healthcare services specializing in obstetrics and gynecology. We want to work with you to help you achieve optimal health.

**Facilities.** FWMG physicians provide obstetric and emergency services only at Clovis Community Hospital. If you present to any other facility with emergency needs, we will be unable to attend you. Our surgical patients may be scheduled at Fresno Surgical Hospital, Clovis Community Hospital or Saint Agnes Medical Center. Please be advised that FWMG, Inc. has an ownership interest in Fresno Surgical Hospital.

**On-Call Physician.** A qualified physician is on-call for our group at all times. We cannot guarantee a specific physician for on-call services.

**Specialists.** We are specialists in obstetrics and gynecology and our practice also includes two family practice providers. It is important that you establish a relationship with a primary care physician.

**Healthy Choices.** We want to work with you to help you make healthy choices. You have the right to decline any medical therapies or evaluations which we might recommend. We want to help ensure that our pregnant patients will deliver healthy babies. For this reason we may on occasion, order toxicology studies (drug screens) on our pregnant patients.

**Phone Calls.** We cannot provide adequate medical care over the telephone or fax. Our physicians and nurse practitioners do not provide telephone consultations. It is a priority of the staff and providers at FWMG to answer emergent phone calls in a timely manner. Our staff may be able to answer simple, routine questions for you, but in general non-emergency concerns should be addressed at a scheduled office visit. Non-emergent phone calls are not covered by your insurance company. Emergent calls will be directed to the on-call physician after triage by our staff or the telephone exchange service. If you have a life threatening emergency, call 911.

**Privacy.** We make every effort to protect your privacy and maintain your medical information in a confidential manner. FWMG has a Health Information Portability and Accountability Act (HIPAA) office policy in place which describes how your protected health information may be used and disclosed and how you can obtain access to this information. Please ask our staff for a copy of our Notice of Privacy Practices. With a few exceptions defined by federal law, we cannot release any of your medical information to anyone, including your spouse and/or other family members, without your specific written consent. Your request for release of information must be made in person; we do not accept phone, fax or mailed requests.

**Chaperones.** A staff member is always available to be in attendance as a chaperone during any part of your office visit. If you wish to have a chaperone present during all or part of your visit, simply indicate this to your provider or to her medical assistant. Under some circumstances a medical assistant or other chaperone may be present during your office visit at your provider's request.

**Test Results.** We will notify you of your laboratory and radiology results by mail. We ask that you please not call our office for these results unless you have not received the information in a timely manner. It is important to note that our office does not receive many test results for several days or even weeks.

**Payment.** Payment is expected at the time of service. We accept payment in the form of cash, check or credit card. We will bill your insurance as a courtesy to you; however, you are responsible for providing us with the appropriate billing information. It is also your responsibility to determine covered services through your individual health plan. We are required by insurance contracts to collect any co-pay or deductible due on the date of service. Any service not covered by your health insurance must be paid for on the date of service. Your full co-pay amount is due at the time of service.

**Medicare.** FWMG is a participating provider for Medicare. It is your responsibility to provide us with your Medicare card and endorse the assignment of benefits from the bill to the office.

**Out-of-Pocket Expenses.** The following services are not covered by insurance:

- Missed appointment (cancelled in less than 24 hours) \$50
- Returned check \$35
- Medical records request (no charge to requesting physician) \$35 per request
- Disability and other forms \$35

**Prescription Refills.** It is your responsibility to obtain written prescriptions with a year's refills at the time of your annual exam. This will eliminate the need to contact us for refills between visits. It is your pharmacist's responsibility, not FWMG's, to authorize refills which we have already written, or to transfer a prescription to another pharmacy at your request. With rare exceptions, for your safety, we do not call in or FAX prescriptions, including refills, after business hours. If you need a medication refill or change in medications prior to your next scheduled visit, you will need to call our office for an appointment.

**Eligible Facilities.** Many insurance carriers require that you use specific providers, including laboratory and radiology services. It is your responsibility to determine which providers are contracted with your insurance carrier. FWMG utilizes outside laboratory and radiology services. You will receive a separate bill if appropriate from these facilities.

**Cancellations.** If you are unable to keep your appointment, we ask that you kindly call our office at least 24 hours prior to your appointment in order to reschedule. If you fail to keep an appointment without canceling at least 24 hours in advance, you will be charged \$50 for that missed appointment. This charge will not be covered by your insurance. Once payment is received in full for the missed appointment, we will schedule another appointment. If you continue to miss appointments, you will be dismissed from this practice.

**Respect.** We do our best to offer you excellence in medical care in an atmosphere of comfort and respect. In turn, we ask that you respect our staff and other patients by cooperating with our policies. If you have questions and/or concerns about FWMG's policies, please ask to speak with our administrator. We value your input and appreciate your suggestions.

### **NOTICE TO CONSUMERS**

**Medical doctors are licensed and regulated by the Medical Board of California**

**(800) 633-2322 [www.mbc.ca.gov](http://www.mbc.ca.gov)**

**Physician Assistants are licensed and regulated by the Physician Assistant Committee,**

**(916) 561-8780, [www.pac.ca.gov](http://www.pac.ca.gov)**

Thank you for your trust and allowing us the privilege of caring for you.

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**I have read and agree to these policies, and have received a copy of FWMG's Office Policy document.**

Print Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

FWMG Staff \_\_\_\_\_

Date \_\_\_\_\_



***E-PRESCRIBING PBM CONSENT FORM***

E-Prescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care.

Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

The Medicare Modernization Act (MMA) 2003 listed standards that have to be included in an E-Prescribe program. These include:

- **Formulary and benefit transactions**— This gives the prescriber information about which drugs are covered by the drug benefit plan.
- **Medication history transactions**--- Provides the physician with information about medications the patient is already taking prescribed by any provider, to minimize the number of adverse drug events.

By signing this consent form you are agreeing that Fresno Women's Medical Group can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

**Patient Name (printed)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Patient Signature/Representative** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Relationship to Patient** \_\_\_\_\_

**Consent Denied** \_\_\_\_\_ **Date** \_\_\_\_\_

**Our providers are committed to your health and cancer prevention. To best serve you, we need a detailed personal and family cancer history. Please fill out the back of this form. If you have questions please ask the medical assistant or your provider.**

If you filled this out within the **last 6 months** and nothing has changed you do not need to fill it out again. Just SIGN it and indicate "NO CHANGES" on the form.

**THANK YOU!**

**(TURN OVER)**







# Fresno Women's Medical Group

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

### MEDICAL HISTORY

	Yes	No		Yes	No		Yes	No
Abnormal Pap			Headaches			Osteoporosis		
Allergies			Heart Problems			Ovarian Cancer		
Anemia			Hepatitis			Rh Incompatibility		
Arthritis			HIV/AIDS			Seizures		
Asthma			Hypercoagulable State			STD		
Autoimmune Disorder			Hyperlipidemia			Thyroid Disease		
Breast Cancer			Hypertension			Tuberculosis		
Cholelithiasis			Kidney Disease			Ulcerative Colitis		
Depression			Liver Disease			Ulcers		
DES Exposure			Mental Disorder			Uterine Cancer		
Diabetes			Migraines			Vaginal Infection		
GERD			Nerve/Muscle Disease			Vision Problems		

### SURGICAL HISTORY

	Yes	No		Yes	No		Yes	No
Abdomen Surgery			Colon Surgery			Joint Replacement		
Appendectomy			Cosmetic Surgery			Lung Cancer Surgery		
Brain Surgery			C-Section			Ovary Removal		
Breast Surgery			Endometrial Ablation			Tubal Reversal		
Cardiac Surgery			Hernia Repair			Spine Surgery		
Cholecystectomy			Hysterectomy			Tubal Ligation		

### ALLERGIES

### REACTION


### MEDICATIONS

### DOSAGE




### OBSTETRIC HISTORY

		Number			Number			Number
Pregnancies			Abortions			Miscarriages		
Premature Births			Live Births			Living Children		
No.	Birth Date	Wt.at Birth	Baby's Sex	Weeks Pregnant	Type of Delivery	Complications		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

### GYN HISTORY

<b>Age at First Menstrual Cycle:</b>				
Menstrual Cycle	Regular	Irregular	Spotting	
Menstrual Flow	Heavy	Regular	Light	
Menstrual Control	Panty Liner	Pad	Tampon	
<b>Menstrual Control Change Frequency:</b>				
Number of Pads/Tampon on Heaviest Day:				
Period Duration:				
Painful Periods:				
Painful Intercourse:				
Last Pap:				
Colposcopy:				
Abnormal Pap Procedures:	Laser	Leep	Cold Knife Conization	Cryotherapy
Abnormal Vaginal Discharge:				
History of Genital Herpes:				
Last Mammogram:				
History of Abnormal Mammogram:		Yes	No	
History of Breast Biopsy:		Yes	No	
Sexual Orientation:	Heterosexual	Lesbian	Bisexual	Problem with Sexual Function
Gender:	Trans-male	Trans-female	Other:	
Lifetime Partner:	Yes	No		
Number of Sex Partners (6 mos.):	Yes	No		
New Sex Partner:	Yes	No		
Partner: Multiple Partners	Yes	No		
Partner: Bisexual	Yes	No		

### SOCIAL HISTORY

	Yes	No					
Current Alcohol Use							
Drinks Per Week							
Glasses of Wine							
Cans of Beer							
Shots of Liquor							
Standard drinks							
Comments:							
Sexually Active:	Yes	No	Not Currently				
Birth Control/Protection:	Abstinence	Coitus Interruptus	Condom	Diaphragm	Implant	Injection	
	Inserts	IUD	OCP	Patch	Post-Menopausal	Rhythm	Spermicide
	Sponge	Surgical	Other: See Comments		None		
Partners:	Female	Male					
Comments:							
Drug Use:	Yes	No					
Types:	Marijuana		Methamphetamines		Cocaine	IV	
Per Week:							
Comments:							
Tobacco Use:							
Quit Date:							
Types:	Cigarettes		Pipe	Cigars			
Packs/day:	0.25	0.5	1	1.5	2		
Years	0.5	1	2	3	4	5	10 15
Ready to Quit?	Yes	No					
Comments:							
Military Service	Yes	No					
Satisfied Sex Life:			Yes	No			
Birth Control Method:			Yes	No			
History IV Drug Use:			Yes	No			
Partner, History IV Drug Use:			Yes	No			
History Transfusion:			Yes	No			
Number of Transfusions:			Yes	No			
History of STDs or HIV:			Yes	No			
Partner, History of STDs or HIV			Yes	No			
Domestic Violence:			Yes	No			
Eating Problems:			Yes	No			
Vomiting:			Yes	No			
Taking Iron:			Yes	No			
Exercise:			Yes	No			

**ACTIVITIES OF DAILY LIVING**

Bike Helmet	Yes	No		Hobby Hazards	Yes	No
Blood Transfusion	Yes	No		Military Service	Yes	No
Body Piercings	Yes	No		Seat Belt	Yes	No
Caffeine Concern	Yes	No		Self Exams	Yes	No
Exercise	Yes	No		Sleep Concerns	Yes	No
Smoke Detectors	Yes	No				
Special Diet	Yes	No				
Stress Concerns	Yes	No				
Tattoos	Yes	No				
Weight Concerns	Yes	No				

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_