

TO OUR NEW PATIENTS:

Welcome to our practice.

Enclosed, please find medical data, medication and patient registration forms.
IF THIS PAPERWORK IS NOT FILLED OUT COMPLETELY YOU WILL BE ASKED TO
RESCHEDULE YOUR APPOINTMENT.

Your appointment is scheduled for _____ at _____.

All appointments should be rescheduled or canceled 24 hours in advance.
Appointments not rescheduled or canceled within 24 hours may result in a \$50.00 no
show fee. We may be unable to offer you another appointment if you fail to show up for
the visit.

PLEASE HAVE ALL PERTINENT RECORDS FAXED OR MAILED TO US IN TIME FOR YOUR
APPOINTMENT. This should include your last clinical/Dr's notes, Labs, Pap smear,
Ultrasounds, Mammogram, Bone Density, any other imaging like CTs/MRIs and any
other PERTINENT information. Records Release Included.

We participate with numerous insurance companies. Please call us to make sure we
participate with your insurance. Please bring your insurance card with you to every visit.
You will be required to pay any copays at the time of your visit. The Pap smear and
blood test are sent to independent laboratories and will be billed by them.
Mammograms, sonograms, x-rays and other testing will be billed from the facilities
where you receive the testing. We encourage you to ask any questions you may have
concerning your health care and the cost of any tests you may need. We do not make
medical decisions or recommendations based on your insurance coverage. However, to

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

aid in the decision making, we strongly recommend that you educate yourself regarding the current particulars of your insurance coverage. Different employers can contract with the same insurance company for different coverage. This may change from year to year. These terms are being enforced more strictly than ever. Rebilling your visit is almost never an option. Unfortunately, it is impossible for us to advise you of the details of your policy as there are thousands of policies and they are constantly changing. Some general suggestions include - confirm that we are a provider under your particular plan, know your copay for specialty care (it may differ from your primary care) know if you have a deductible and the terms regarding it, know if you are entitled to preventative GYN visits and how many a year, know if you need a referral and the terms of your coverage. If you need a referral it will need to be obtained from your primary doctor PRIOR to your visit. Also know if you have restrictions on labs or diagnostic centers. If you have any questions regarding your insurance, call your insurance company at the number listed on your card.

The best health care is based on a friendly, mutual understanding among doctors, office staff, and patients. If any problems arise do not hesitate to bring them to our attention. Again, our thanks to you for calling this office. We look forward to getting to know and taking care of you.

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

Name _____ Age _____ DOB _____ Date _____

Marital Status _____ Ethnic Background _____ Occupation _____

Referred By _____ Reason for visit today _____

Please circle any positive findings

PAPS- Date of Last _____ Normal ? _____ Prior Abnormal ? _____ When _____

Type- Atypia, HPV, Dysplasia, Carcinoma in Situ, Other _____ Colposcopy? _____

GYN SURGERY (circle then list on back) - Cryosurgery(freezing), Cautery, Laser, LEEP, Cone, Hysteroscopy, D&C, Laparoscopy, Tubal, Hysterectomy, Removal of tubes or ovaries, Ectopic Pregnancy, Robotic Surgery, Vaginal Repair, Incontinence Surgery, Sling, Mesh, etc.

MAMMOGRAM- Date of Last? _____ Normal? _____ Prior abnormal? _____

History Breast Biopsy? Breast Cancer? Lumpectomy? Mastectomy? Radiation?
Chemotherapy?

Any breast problems now? Lumps? Nipple Discharge?
etc. _____

Date of Last Menses - _____ Age of first menses _____ Age of
Menopause _____

Menses Regular? _____ # days from start of menses to start of next _____ #days
flow _____

Heavy? _____ Clots? _____ Menses Cramps -
Mild/moderate/severe _____

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

Sexually Active Now?_____prior_____male/female partner, Contraception now/prior
____ Tubal, vasectomy, IUD, Mirena, Implant, Depo, Pill, Minipill, Nuvaring, Diaphragm,
Condoms

#Pregnancies_____#Live Births_____#Vaginal Births_____#C-Sections_____

#Full Term_____#Premature _____#Miscarriages_____#Ectopic_____#TOP_____

GYN History- (circle) Endometriosis, Ovarian Cysts, Uterine Fibroids, Infertility, Polyps,
Vaginal Dryness, Sexual Problems, Other GYN _____ Infection - Yeast, BV,HPV
Warts, Herpes, Chlamydia, Gonorrhea, Trichomonas, Syphilis, PID, other _____

Prior GYN Sono _____Normal/Abnormal_____prior Gardasil/HPV
Vaccine?

Urinary- (circle) Infections, Frequency, Burning, Blood, Urinary Incontinence-Stress &/or
Urge related, wear pads ____, Urinate at night? How often? ____, Prior Kidney Sono, IVP,
CTScan?

Any bulge/prolapse outside the Vagina?_____

Osteoporosis? ____Osteopenia?_____Prior Bone Density? When? Where?_____

Caffeine? _____Smoke?_____/day, Alcohol_____/week, Recreational Drugs?
Type?_____

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

If lengthy, feel free to attach lists of medications, allergies, surgeries etc.

Medications including over the counter, Strength/How Often/Indication (Attach list as needed)

PRIMARY CARE PHYSICIAN Address/phone

ALLERGY/Reaction

List Children's Names, Dates of Birth, Type of Delivery, Complications and other pertinent OB

List all Surgeries with dates, hospital and surgeon. Include GYN and all other surgeries.

List all other Hospitalizations, include dates, hospital, reason and length of stay. Also Trauma

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

Medical History/Review of Symptoms, note current/ past problems, circle pertinent add other

Any Cancer?Surgery,Chemo, Radiation?_____

Eyes - glasses, contacts, glaucoma _____

Ears, Hearing/Nose/Throat_____

Heart Disease? Murmurs? Heart Attack? Coronary Blockage?

Stent?_____

Respiratory? Sinus? Environmental Allergies? Lungs? Asthma? Emphysema?

Pneumonia?___

GI- # BM/day_____IBS? Diverticulosis/Diverticulitis? Eating Disorder? Blood in Stools?

Hepatitis? Gallbladder ? date Colonoscopy_____

SKIN- Acne? Extra Hair Growth? Skin Cancer? where? type?____Tattoos/Piercings where?___

MS/SKEL- Arthritis? Fibromyalgia? Sciatica? Back? Knee? Elbow

Problems?_____

ENDOCRINE - Thyroid? Diabetes? High Prolactin/Nipple Discharge?

PCOS?_____

CONSTITUTIONAL - Hypertension? High Cholesterol? Anemia? Fatigue? Mono?

Maximum Weight _____lbs, Weight gain, loss, stable?_____

NEURO- Headaches-Simple, Tension, Sinus, Migraines? MS? Stroke?

Seizures?_____ Developmental - Motor/Cognitive? Use Wheelchair?

Walker?_____

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com

PSYCHIATRIC- Depression? Anxiety? Chemical Imbalance? Trauma? _____

Physical Abuse? By? _____ Sexual Abuse? By? _____

SOCIAL HISTORY- Whom do you live with? _____

How is your diet? _____ Exercise? Hours/week?/Type _____

Stress Level? High/Low? Due to? _____ Any Pets? _____

FAMILY HISTORY- Any family history of? Whom? Maternal or Paternal side of Family?
Age?

Breast Cancer _____ Hypertension _____ Osteoporosis _____

Ovarian Cancer _____ High Cholesterol _____ Heart Disease _____

Colon Cancer _____ Diabetes _____ Stroke _____

Other Cancer _____ Thyroid _____ Other _____

Age and health Mother _____ Father _____ Siblings _____

Any other Medical Information not discussed above- _____

Follow up with your PCP for non GYN care, immunizations, health care, health care proxy
etc.

Information to best of my knowledge Patient Signature/Date _____

Reviewed by Dr. Ramachandran/Dr. Oberoi / Anne Schonewald

Date _____

Melanie Ramachandran MD FACOG | Navpriya Oberoi MD FACOG, FPMRS | Anne Schonewald PA

5844 Widewaters Parkway, East Syracuse, NY 13057
P: 315-471-4911 | F: 315-471-8024 | www.navpriyaoberoimd.com