Sunrise Women's Healthcare
4540 East Baseline Road - Suite 114
Mesa, Arizona 85206

In an effort to provide the best experience during your office visit today and help us keep current on your health, please take a few minutes to complete the following questions. Thank you!

NAME:_____ **DATE:**_____

CONTRACEPTION

1. What is your current form of birth control? _____
2. How long have you been using your current form of birth control? (please check one)
   ___2 years or less ___3 to 5 years ___6 to 10 years ___Over 10 years
3. When are you planning to have another child? (Please check one)
   ___Within the next year ___Within the next 5 years
   ___With the next 10 years ___My family is complete
4. Would you like information on a non-surgical, hormone-free permanent birth control procedure performed in the comfort of our office? ___yes ___no

MENSTRUAL PERIODS

1. How long does your average month period last? ___days
2. Do you ever feel as though your periods impact the quality of your life? ___ Yes ___No
3. Do you experience irregular, inconsistent or heavy bleeding? ___Yes ___No
4. Are your periods painful? ___Yes ___No
5. Would you like information on a simple, safe procedure performed in our office that can significantly reduce or eliminate your monthly periods? ___Yes ___No

Are there any/issues that you would like to discuss today?

_____

_____

Phone: 480-497-2229 (BABY) | Fax: 480-699-5681 | E-mail: sunrisewomenshealthcare@gmail.com