

Annual Exam Update

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Name _____ Age _____ Date _____

1. Indicate your preferred contact method-email or phone. IF phone indicate if OK to leave messages on answering device: _____
2. Do you have a primary care MD? _____
3. Since your last medical visit, have you had any new medical problems, challenges with nutrition or exercise schedules?

4. Current medications and dose:

5. Labs will be sent to Quest unless you advise us otherwise: _____
6. First day of last period or onset of menopause: _____
7. Routine recommended screening (completed by MD):

Mammography, last screening date _____ Due: _____
Cervical Cancer, last screening date _____ Due: _____
Colonoscopy, last screening date: _____ Due: _____

Recommended screening intervals will be discussed during your visit and routine screenings ordered. If you decline recommended screenings, please indicate below:

I decline cervical cancer screening _____ initial please.
I decline breast cancer screening _____ initial please.
I decline colon cancer screening _____ initial please.

8. Any other problems you would like addressed? _____
9. Preferred Pharmacy? _____

I understand that Dr. Stephanie Taylor is licensed and regulated by the Medical Board of California _____ initial please. Medical Board contact information: 800-633-2322 www.mbc.ca.gov