



**What to expect at your Annual Well-Woman Exam:**

You have been scheduled to have a Well-Woman Exam today. The annual well-woman exam is an essential part of your ongoing health maintenance and is strongly recommended. Most health insurance companies will cover most, if not all of the charges, with little or no co-pay on your part. Some health insurance companies may require you to wait a year and a day since your last annual before another one can be completed while others simply state that it can be done any time in the following calendar year. Please check with your insurance company to determine how your visit will be covered and if there are any stipulations on when your next annual exam can be completed.

What things are normally considered to be part of an annual well-woman exam:

- Overall Assessment of:
  - Health Status    - Menstrual/contraceptive status    - Physical Activity    - Sexual Practices
  - Tobacco/alcohol and drug use    - Discussion of specialty/appropriate medication refills
  - The need for periodic screening tests (e.g. Pap, cholesterol, mammograms)
  
- A gynecologic-oriented physical exam, including:
  - Height/Weight    - Abdominal Exam    - Body Mass Index (BMI)    - Breast Exam
  - Pelvic Exam    - Blood Pressure    - Heart/Lung Evaluation
  
- Other tests/exams that may be performed:
  - Ultrasound    - Stool Sample    - Diabetes Test    - Chlamydia and Gonorrhea
  - Electrolyte panel    - Cholesterol Panel    - Thyroid Test    - Other labs/tests as indicated
  - HIV testing for sexually active adolescents and women

The above stated test/exams may or may not be covered under an annual exam. These labs may include ordering a GEN PROBE for Chlamydia or Gonorrhea or for HPV typing. It is your responsibility to contact your insurance company before these additional tests/exams are performed since these can be costly to you if they are not covered.

- If any of the above lab test come back abnormal (e.g. Pap smear, cultures) you or your insurance may be billed an additional charge.

**IMPORTANT NOTE:** The intent of the annual well-woman visit is for routine health maintenance. The assumption is that you do not have specific medical problems or conditions. If you wish to discuss additional issues, please let the receptionist know so they can schedule an additional appointment for discussion of these matters.

**If you discuss a problem-oriented issue with your doctor (e.g. back pain, sleeping problems, psychological problems), you or your insurance may be billed separately and in addition to your well-woman visit since problem-oriented visits usually necessitate a separate office visit. In this case, your insurance company may apply a co-pay for the problem oriented portion of your visit. Please contact your insurance company for information on what is covered as part of your annual visit.**

Please sign below when you have read and understood this form.

Patient Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_