



**Lifespan
Physician Group, Inc.**
Obstetrics & Gynecology
Delivering health with care®

148 West River Street, Suite 8
Providence, RI 02904
401-606-3000
www.WomensMedicine.org

Dear _____,

Welcome to Lifespan Physician Group, Inc. – Obstetrics & Gynecology,

Your appointment has been scheduled for _____ at _____
with _____ at the _____ office.

Please bring the completed new patient packet (enclosed), along with your insurance cards, photo ID, and any pertinent medical records with you on the day of your appointment.

For your convenience we have enclosed driving directions to our offices. For more information about Lifespan Physician Group, Inc. – Obstetrics & Gynecology, please visit our website at www.WomensMedicine.org.

Please arrive 15 minutes prior to your appointment time for registration. Call us at (401) 606-3000 if you have any questions.

Lifespan Physician Group monitors and manages missed appointments to ensure that we are able to provide all our patients with timely access to our health care providers. High numbers of unused appointments delay necessary medical care for patients.

As a result, we request one business days' notice to cancel an appointment. Without appropriate notice, you may be charged a missed appointment fee.

Missed First Appointment:	\$100
Missed Appointment:	\$ 50
Missed Testing Procedure	\$100

We look forward to seeing you.

Sincerely,

Lifespan Physician Group, Inc. – Obstetrics & Gynecology

****REFERRALS**** IF YOUR INSURANCE REQUIRES A REFERRAL, YOU MUST GIVE ONE TO THE RECEPTIONIST ON THE DAY OF YOUR APPOINTMENT OR YOU WILL BE RESPONSIBLE FOR THE FEE.

****TRANSFER PATIENTS**** please fax your records at least 48 hours before your first appointment to (401) 331-6247.
11.11.19 | GYN



Patient Label

REGISTRATION FORM

PATIENT INFORMATION (PLEASE PRINT)

Last Name			First Name		Middle
Birth Date	Social Security #		Email		
Street Address				Home Phone ()	
City	State	Zip Code		Mobile Phone ()	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Life Partner <input type="checkbox"/> Civil Union Spouse: Name _____ DOB _____			Preferred Language Spoken: _____ Written: _____ Interpreter Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male Gender Identity: _____ Pronouns: _____ Religion: _____					
Race (circle one): American Indian / Alaskan Native / American Indian & Native Hawaiian / Asian / Asian & American Indian / Asian & Native Hawaiian / Black & Asian / Black & American Indian / Black & Native Hawaiian / Black-African American / White / White & American Indian / White & Asian / White & Black / White & Native Hawaiian / Other Hispanic/Latino (circle one): Hispanic / Non-Hispanic					
Are you Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employer		Occupation	
Full Time or Part Time				Employer Phone ()	
Which provider you are here to see today?			How did you hear about us?		
Primary Care Provider (PCP) / Practice Name					
PCP Address				PCP Phone ()	
Preferred Pharmacy: Name:			Phone #:		
Address:					
INSURANCE INFORMATION					
Person responsible for bill		Birth Date / /	Address (if different)		Home Phone ()
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Insurance Plan Name			
Group #		Policy #		Co-Pay Amount	
Subscriber's Name		Subscriber's Birth Date / /		Patient's relationship to subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____	
Gender of Subscriber					
Subscriber's Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed			Subscriber's Employer		
Name of secondary insurance (if applicable)		Subscriber's Name		Group #	Policy #
Patient's relationship to subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Subscriber's Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed		Subscriber's Employer	
Gender of Subscriber					
IN CASE OF EMERGENCY					
Name of local friend or relative to contact		Relationship to patient	Home Phone ()	Mobile Phone ()	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize The Miriam Hospital (Women's Medicine Collaborative) or insurance company to release any information required to process my claims.					
Patient/Guardian signature				Date	

ADVANCED DIRECTIVES: Do you have a Living Will? (A written document instructing your attending physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition) Yes No Do you have a Durable Power of Attorney for Healthcare? (A written declaration designating another person to be your agent) Yes No I would like the *Living Will and Durable Power of Attorney for Healthcare* booklet. Yes No

Lifespan Physician Group Inc. – Obstetrics & Gynecology Health History Form

Name: _____ DOB: _____ Age: _____ Today's Date: _____

I prefer to be called: _____ Pronouns: _____ Referred by: _____

Reason for visit (current concerns): _____

Medications: (List all, including dose if you know it. Please include vitamins, supplements, and over-the-counter medications):

Allergies (to medications or other types of allergies): _____

Personal and family medical history (please check all that apply):

	Self	Mother	Father	Sibling	MGM	MGF	PGM	PGF	Uncle/ Aunt/ Other
Heart disease/Heart attack									
Stroke									
Diabetes									
High blood pressure									
High cholesterol									
Thyroid disease									
Breast cancer									
Ovarian cancer									
Other cancer									
Osteoporosis									
Asthma									
Tuberculosis									
Blood clot or bleeding disorder									
Endometriosis									
Infertility									
High blood pressure in pregnancy									
Intestinal problems									
Kidney stones or infection									
Bladder problems									
Lupus									
Migraines									
Seizures or epilepsy									
Anorexia, Bulimia, or other eating disorder									
Depression									
Anxiety									
Substance or alcohol use disorder									
Blood transfusion									
Other: _____									

MGM=Mother's mother; MGF=Mother's father; PGM=Father's mother; PGF= Father's father

Surgeries or hospitalizations: _____

Social History

Relationship status: _____ Sexual orientation: _____ Gender identity: _____

My sexual partners are (circle): Female Male Both Other _____ NA

How many sexual partners have you had in the last year? _____ In your lifetime? _____

Do you use barrier methods (condoms, dental dams, etc.) during sex? Y N

How many alcoholic drinks do you have a day? _____ A Week? _____ Type? _____

Are you a current smoker? Y N # Cigarettes per day: _____ Former smoker? Y N Quit date _____

Current E-Cigarette Use? Y N Former smoker? Y N Quit date _____

Do you use drugs or take non-prescribed pills (like cocaine or pain pills)? Y N Former Use Y N

How many times a week do you exercise? _____ What type of exercise? _____

What is your calcium intake like? _____ # of caffeinated drinks in a day? _____

Health Maintenance

	Date	Result		Date
Last Pap Smear			Last Colonoscopy	
Last STD Test			Last Regular Physical	
Last Mammogram			Last Dental Exam	
Last Bone Density Scan			Last Eye Exam	

Have you received the HPV Vaccine (Gardasil)? Y N Unsure

Safety

Do you feel safe in your intimate relationships? Y N

Do you feel safe at home? Y N

Do you wear seatbelts? Y N

Do you wear sunscreen? Y N

Family Planning and Birth Control

Do you want to become pregnant? Y N

Do you currently use birth control? Y N NA

Current birth control: _____

Please check any past birth control methods you have tried:

- Condoms Birth control pills Patch NuvaRing Other
 Depo Provera shot Nexplanon Paragard IUD Hormonal IUD
(Mirena/Kyleena/Skyla/Liletta)

Gynecologic History

Age at first period: _____

First day of your last period: _____

of days from start of your period to the start of the next period: _____ # of days of flow: _____

Excessive bleeding? Y N

Excessive cramping? Y N

History of abnormal Pap smears? Y N

History of abnormal mammograms? Y N

Describe: _____

Describe: _____

Please check any you have had:

- Herpes HPV Warts Chlamydia Gonorrhea
 HIV Hepatitis Syphilis Trich

Pregnancy History

of pregnancies _____ # of full-term births _____ # of preterm births _____ # of living children _____

of miscarriages _____ # of abortions _____ #C sections _____ forceps or vacuum? _____

Past pregnancy complications: _____

**Lifespan Physician Group-Obstetrics & Gynecology's Providence office has moved to
148 West River St., Suite 8, Providence, RI
401-606-3000**

It is best to enter the building from the South Entrance. We are located on the first floor off the main hallway.

From EAST of PROVIDENCE

From Route 195, merge onto Route 95 North toward Providence. Follow Route 95 North to Providence. Take the Branch Avenue exit (Exit 24). Turn left onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street 148 West River Street is on the right (brick mill building). *If you accidentally get on Route 146 North (instead of following Route 95 North) and take the Branch Avenue exit off of Route 146 North, you must turn right off of the exit.*

From WEST of PROVIDENCE

Follow Route 146 South to Providence. Take the Admiral Street exit. Turn left onto Admiral Street. Turn right onto Charles Street/RI-246. Turn left onto West River Street. 148 West River Street is on the left (brick mill building).

From NORTH of PROVIDENCE

Follow Route 95 South toward Providence (crossing into Rhode Island). Take the Branch Avenue exit (Exit 24). Turn right onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street. Turn right to stay on West River Street. 148 West River Street is on the right (brick mill building).

From SOUTH of PROVIDENCE

Follow Route 95 North to Providence. Take the Branch Avenue exit (Exit 24). Turn left onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street, 148 West River Street is on the right (brick mill building). *If you accidentally get on Route 146 North (instead of following Route 95 North) and take the Branch Avenue exit off of Route 146 North, you must turn right off of the exit.*

BUS ROUTES

Best services to take are **Route# 58** to Corliss Street and West River Street or **Route# 72** to Charles Street and West River St. **Route# 58:** Get off at bus stop near Stop & Shop. Walk down the hill to the corner of Corliss Street and West River Street, take a right onto West River Street. Our building is a brick mill building on the right. Enter through the South parking lot entrance. **Route# 72:** Get off at bus stop in front of the Providence Post Office (across the street from the "Subway" sandwich shop). Walk to the corner of Charles Street and West River Street, take a right onto West River Street and walk straight down to our building. It is a brick mill building on the left. Enter through the South parking lot entrance. Contact RIPTA at (401) 781-9400 or online at www.ripta.com for schedules and additional information.

**EAST GREENWICH, RI 02818
WEST BAY MEDICAL OFFICE CONDOMINIUMS
1377 SOUTH COUNTY TRAIL UNIT 2A
401-606-3000**

FROM 95 NORTH: Merge onto RI-2 S via EXIT 8A toward RI-4/East Greenwich. Drive 0.56 miles. We are the second driveway on the right after CVS Pharmacy, just past New England Tech Boulevard. *If you reach Pine Glen Drive you have gone too far.*

FROM 95 SOUTH: Merge onto RI-2 via EXIT 8 toward East Greenwich/West Warwick. Drive 0.91 miles. We are the second driveway on the right after CVS Pharmacy, just past New England Tech Boulevard.

FROM Take RI-4 N: Merge onto Division Rd/RI-401 W via EXIT 8B toward RI-2 S/I-95 S. Drive 0.77 miles. Turn left onto Quaker Ln/RI-2. Continue to follow RI-2. Drive 0.23 miles to 1377 South County Trail is on the right past Dave's Market.

**EAST PROVIDENCE, RI 02914
900 WARREN AVENUE, SUITE 101
401-606-3000**

FROM 95 NORTH or SOUTH VIA 195: Take 195 East. Get off at Exit 2C. At traffic light, turn left onto Warren Ave. Office approx. ¼ miles on the left. Go slightly past Chelo's Restaurant to the light at the Extended Stay America Hotel. Turn left at that light into the parking lot. Follow around to the left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.

FROM MASSACHUSETTS via 195: Take 195 West. Take Exit 1 in Seekonk. At the end of exit, turn right. At first light, take a left. (Pass Lucky's Bar and Grill on left). Go under the overpass and bear to your right onto Warren Ave. Take a right at first light at the Extended Stay America Hotel. Follow around to your left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.

FROM THE "EAST BAY": Take Route 114 North towards Providence. Bear right at Mobil Station and follow 114A. Drive approx. ½ mile and you will come to Route 6. Turn left onto Route 6 going West. Continue on into Rhode Island (through several lights). Turn right at light at the Extended Stay America Hotel. Follow around to your left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.

**NORTH ATTLEBORO, MA 02760
6 WHIPPLE STREET
401-606-3000**

FROM 95 NORTH: Take Exit 2B (South Attleboro) and continue on RT. 1A past Emerald Square Mall. Office is on left hand side across the street from Showcase Cinemas.

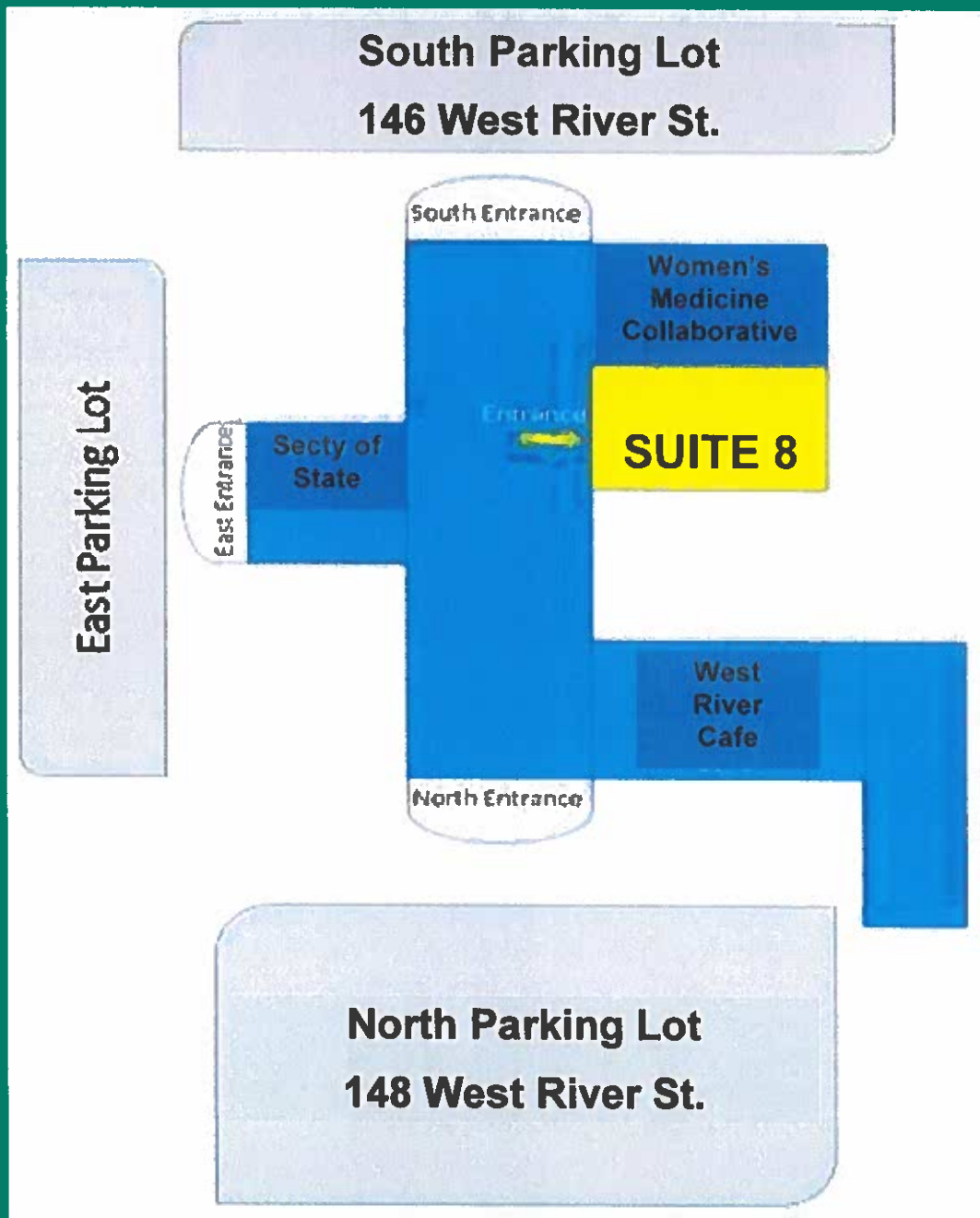
FROM WOONSOCKET: Take 295 to RT. 1 exit. North onto RT. 1. Office is ½ mile on left, across the street from Showcase Cinemas.

LPG - Obstetrics & Gynecology

148 West River Street - Suite 8, Providence, RI 02904

Our suite is accessible from all West River building entrances.

Our suite is on the 1st floor, closest to the SOUTH entrance.



To access our 2nd floor:

Once in our suite, take the elevator located on the right, just past the first check-in window.