HOFSTRA UNIVERSITY

For Appointments Call

Hofstra Health & Wellness Center

516-463-6745

Republic Hall, North Campus Fax 516-463-5161

Gynecological (GYN) Examinations

In order to facilitate the health care of the Hofstra student, it is the policy of the Wellness Center that all gynecological examination appointments are made in person and that a **$20.00 fee** is required at the time the appointment is made. Students are required to **fill out forms *prior*** to their GYN appointment (these forms can be downloaded on the ***Hofstra University Wellness Center website*** & should be brought to the Wellness Center on your scheduled appointment).

Please make your appointment **mid cycle (2 weeks after your period)**. Please follow these instructions prior to your appointment:

****2 days prior to your GYN appointment**:

NO tampons, condoms, KY jelly, douches or intercourse.

****Please note that the following tests *may* be performed:**

	NSHS/LIJ
1. PAP Smears:	
Thin Prep	***$ 73.00***
W/Reflex	***$ 87.00***
2. Chlamydia/ Gonorrhea	***$124.63***
3. HIV	***$ 97.56***
4.RPR	***$ 81.36***
Cost For These 4 STD Tests	**$303.55**
5.HSV I& II	**$100.00**

(Fees could vary with test ordered & results)

You will be billed by the laboratory directly unless you provide Insurance information and fill out a laboratory slip with same. The importance of these tests will be explained to you during your exam. Should you **decide not to have these tests** performed, please notify your provider during appointment/exam.

****Please note that your signature indicates understanding of the above. You cannot be seen without signing this paper.***

****These charges are subject to change. You will be held responsible for any lab fee incurred from any tests taken.***

Signature_____

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GYNECOLOGY HISTORY & PHYSICAL					
Name			**Date**		**DOB**
Address			**Phone**		
Medications				***Allergies***	
Last PAP		**Mammography**		**Contraception**	
Obstetrical Hx		**T.O.P.**		**Current:**	**Past:**
Past Medical & Family History (Yes or No)				**Detailed Explanation if *yes* is an answer to any of these questions**	
1.Wt.loss/Gain		13.Anemia/Blood Dis			
2.Headaches/Migraines		14.Blood Trans			
3.Heart Dis(MVP - RHD)		15.VaricoseV/Phleb			
4.Hypertension		16.Thyroid Dis			
5.Respiratory Dis		17.Diabetes			
6.Breast Dis Maternal Hx Age		18.Cancer			
7.Jaundice/Hep		19.Arthritis			
8.Gall Bladder Dis		20Skin Dis.			
9.H.Hernia/Pep Ulcer		21.TB			
10.Bowel Dis		22.Epilepsy/Neuro Dis			
11.Kidney Dis		23.STD - Gonoh - Chlam - Herpes -Syphilis -HIV			
12.Urinary Incon/Infect		24.DES			

HABITS	Cig. Per Day	Alcohol oz./wk.	Coffee Cups/Day	Regular Exercise	Street Drugs

CHIEF COMPLAINT	Age :	LMP: