



Shana Roether FNP-BC
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Name

Gender

Address & Contact number

Date of Birth

SSN

Insurance

Medical History

Surgical History

Current Medications

Allergies

Immunization History

Smoker Y or N if yes how many packs per day

Alcohol intake

Last Menstrual Cycle

Number of Pregnancies

Number of live births

Family History

Last Hospitalization:

Cause of hospitalization

