



Orchard Pediatrics, P.C

Newborn through Adolescent Care

GARDASIL HUMAN PAPILOMAVIRUS VACCINE QUESTIONNAIRE

Y N Did you drive yourself today?

Y N Could you possibly be pregnant?

Y N Have you had sexual intercourse since your last menstrual period?

When was your last menstrual period?

CHART # _____

PATIENT NAME _____ DATE OF BIRTH _____

SIGNATURE _____