



**Dr. Johneen Manning, MD CCFP**  
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#### PATIENT INFORMATION

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

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

#### REFERRING MD

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

Billing #: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#### FAMILY PLANNING CONSULT

- ☐ IUC Insertion (Mirena, Kyleena, Copper IUD)
- ☐ Contraceptive Implant (Nexplanon)
- ☐ Short-Acting Reversible Contraception
- ☐ Emergency Contraception

#### PERIOD PROBLEMS

- ☐ Heavy Menstrual Bleeding
- ☐ Irregular Menstrual Bleeding

#### PAST MEDICAL HISTORY:

#### MENOPAUSE CONSULT

- ☐ Menopause Treatment

#### CERVICAL CANCER SCREENING

- ☐ Pap Test / HPV Testing

#### OTHER

- ☐ Vulvovaginal Concerns

#### MEDICATIONS:

#### ALLERGIES:

**PLEASE PROVIDE A BRIEF HISTORY SO WE CAN TRIAGE APPROPRIATELY:**

**SIGNATURE:**

**DATE:**