



Dr. Johneen Manning, MD CCFP

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PATIENT INFORMATION

Name: _____

DOB: _____

Address: _____

Patient Phone Number: _____ Patient Email: _____

Health Card #: _____

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: