



**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:**