Chrysalis
Obstetrics & Gynaecology

Your Name:

Date of appointment:

AHC#:

Why are you seeing the doctor today?

How long has this been a problem? Have you had any treatments for this problem?

What medications are you on currently? (medication and dose if possible)

Do you have any drug allergies? (please specify drug and type of reaction you get)

Do you have any medical conditions? (eg. Asthma, diabetes, high blood pressure, heart disease etc)

What surgeries have you had? (please specify type and year of surgery)

How old were you when you started/stopped your period? Start ____/Stop ____
When was the first day of your last menstrual cycle? _____
Do you have regular periods? Y or N
How many days in between periods (e.g 21,28,30 days)?___How long does it last? ____ days
Do you have pain with your periods? Y or N; if "Yes" do you need to take medications? Y or N
Do you have bleeding in between your periods? Y or N/ Bleeding after sexual activity? Y or N
How many pregnancies and deliveries have you had?
    Pregnancies_____ / Miscarriages/terminations/ectopic _____
    Normal deliveries____ / Caesarean sections _____
    What are you using for contraception?
    Nothing/condoms/birth control pill/ IUD/tubes tied/vasectomy/Not applicable
Have you ever been on the birth control pill/hormone replacement therapy? Y or N
Do you have regular Pap tests? Y or N   Any abnormalities/treatments in the past?

Any infections such as :Chlamydia/Gonorrhea/Syphillis/Warts/Herpes?

Are you or have you ever been a smoker? If so, how much do you smoke and for how long?

Do you drink alcohol? If so how much?

Do you or have you used recreational drugs? If so, please specify

Are you in a relationship? Married/Single/Common –law/Widowed/Same sex relationship

Do you work? What kind of work do you do?

Is there any history of breast/uterus/ovarian/bowel cancers in the immediate family (mother/father/siblings/grandparents)? (If possible please specify type of cancer, family member affected and age of diagnosis). Are there any other medical conditions that run in the family?

Height: