

LABEL

Welcome to the South Calgary PAP/Breast Health Clinic

Patient Agreement and Consent

A patient agreement is a statement of understanding between the person seeking health services and the health professionals at the Sundance Clinic. Carefully read and sign this patient agreement.

Welcome to the Sundance Clinic. We provide Sexual and Reproductive Health consultations in the context of a "well woman" visit. We emphasize prevention and screening as recommended by current Alberta guidelines.

At your Sexual and Reproductive health visit:

- We provide PAP tests to screen for **cervix cancer**.
- We provide information and testing for sexually transmitted infections (**STI testing**).
- We will review your **contraception** choices at your request.
- We provide preconception counseling and early prenatal care.

At your Breast Health visit:

- As per the Alberta Cancer Board, we encourage all women to be "breast aware" and will review your breast health including examination.

We participate in Alberta's **Colorectal Cancer** screening program for patients age 50-74.

It is a mandate of our clinic to provide **education** in all areas of sexual and reproductive health.

It is necessary for the doctors and nurses to enquire about your medical history before any procedures at our clinic. Please help by completing the short questionnaire.

Please note: The clinic is not a referral service; patients must return to family physicians for specialist referrals. **It is important to recognize that you should create or maintain your current relationship with a family physician in the community.**

I, _____, **agree with the terms of the patient agreement.**
(please print name)

Signature: _____ **Date:** _____

Registration information

Family Physician: None Name: _____ M F

Would you like us to send your doctor a copy of your results? Yes No

Have you been seen previously at our clinic? Yes No

Who sent you to our clinic:

Family Doctor Another Medical Clinic Agency I chose this clinic myself

Have you recently moved to Calgary (within in the past 5 years)? Yes No

With which cultural group do you identify?

North American Native American (Aboriginal) Hispanic American
 Other _____

YOUR MEDICAL HISTORY

1. When was your last PAP test:

<1 year ago 1-3 years ago 4-5 years ago >5 years This is my first PAP

2. Have you ever had an abnormal PAP test result? Yes No

3. First day of last menstrual period: _____ Cycle every _____ days

4. Number of pregnancies: _____ Are you pregnant now? Yes No

5. Check the contraceptive methods you currently use:

None Patch Diaphragm Depo-provera Tubal ligation/surgery
 Pill Rhythm Ring Condoms IUD

Are you happy with your current method? Yes No

6. Have you had any previous gynecological problems? Yes No

If yes, _____ e.g. fibroids, infertility

7. Have you had an HPV vaccine (e.g. Gardasil)

No Yes all three Two of Three One only

8. Family History (parents/grandparents/aunts/uncles/cousin/children):

Breast Cancer Blood Clots (thrombosis, DVT, pulmonary embolus)
 Ovarian or Colon Cancer I do not know my family history (adopted)

9. Smoking History: Do you currently smoke? Yes No

10. Are you being treated for any medical problems? _____

11. Current Medications: _____

12. Medication Allergies: _____

THANKS FOR COMPLETING THE QUESTIONNAIRE!