

**Welcome to the Victoria Gynecology and Continence Clinic**

Please read and fill in the following intake form for your medical chart and our records. Thank you for taking the time to be accurate and thorough.

**Name exactly as seen on Care Card** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_ **Care Card Number** \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy) \_\_\_\_\_ **Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **Home # (\_\_\_\_)** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **or Clinic** \_\_\_\_\_ **Mobile # (\_\_\_\_)** \_\_\_\_\_

**Referring Doctor** \_\_\_\_\_ **Your E-Mail** \_\_\_\_\_

**Pharmacy used** \_\_\_\_\_ **Life Labs used** \_\_\_\_\_

**Reason for referral in your own words:** Further information we require to obtain the best picture of your situation;

\_\_\_\_\_  
\_\_\_\_\_

**General Health**                      Weight \_\_\_\_\_ Height \_\_\_\_\_                      **ALLERGY TO LATEX**      **YES**    **NO**

Current Medical Issues  
\_\_\_\_\_

Past Surgeries  
\_\_\_\_\_

Medications  
\_\_\_\_\_

Allergies  
\_\_\_\_\_

Family History (heart disease, cancer, etc.) \_\_\_\_\_

**Obstetrical Information** # pregnancies \_\_\_\_\_ # vaginal deliveries \_\_\_\_\_ # Cesarean Sections \_\_\_\_\_ # Miscarriages \_\_\_\_\_

**Menstrual Cycle** – Regular \_\_\_\_\_ Irregular \_\_\_\_\_ # Days you bleed \_\_\_\_\_ Length of cycle \_\_\_\_\_

List any pregnancy-related problems  
\_\_\_\_\_

**WOULD YOU LIKE A NURSE TO ACCOMPANY YOU DURING YOUR EXAMINATION?**                      **YES**    **NO**