



Thank you for taking time to complete this form. It is used to make your visit with us at Chrysalis more efficient - fill in as much as you feel comfortable sharing.

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Name:  
Pronoun(s):

Legal name:  
Date of Birth:  
AB Health Care #:

Why are you seeing us today?

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Any current health conditions?

Have you had any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> heart disease/heart attack | <input type="checkbox"/> neurological disease/stroke/seizures |
| <input type="checkbox"/> kidney disease             | <input type="checkbox"/> liver disease                        |
| <input type="checkbox"/> lung disease               | <input type="checkbox"/> blood clot (DVT, pulmonary embolism) |
| <input type="checkbox"/> high blood pressure        | <input type="checkbox"/> thyroid disease                      |
| <input type="checkbox"/> diabetes                   | <input type="checkbox"/> bone or joint problems               |
| <input type="checkbox"/> depression or anxiety      | <input type="checkbox"/> other mental health issues           |
| <input type="checkbox"/> substance use problems     | <input type="checkbox"/> other:                               |

Please list any prescription medications:

Please list any over the counter medications:

Please list any herbal or natural medications:

Do you have any medication allergies?

Do you smoke cigarettes/e-cigarettes/vape/marijuana?

Please list any surgeries in the past:

Do you require contraception - if so what do you use?

Have you ever been pregnant - if so how many times and how did they go?

Do you have any children?

Have you undergone Pap testing - if so when was your most recent?

Any abnormal Pap tests in the past?

Have you had a sexually transmitted infection?

When was your last menstrual period?

Do you feel safe at home?

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Is there anything else you would like us to know or questions you would like answered today?

Please know that we respect your confidentiality - all staff and learners sign a confidentiality agreement. A note generally goes back to your referring physician/ nurse/midwife. Should you wish any of this written or other disclosed information not be shared please let us know.