

Island Sexual Health - Client Health Summary

This information is confidential and will only be used for your care by your ISH healthcare practitioner. The intention of this form is to obtain an understanding of your health and wellness. If there is a question(s) you are uncomfortable or unable to answer you may discuss this with the healthcare practitioner you see during your visit.

Patient Label Here (office use only)

Date: _____ (update annually)

Is the above personal information on the label above correct? YES NO

Name (if different than above): _____ Pronoun (he, she, they): _____

Date of Birth: dd/mmm/yy :) _____

For the phone number above: Is it okay to call you? yes no Is it okay to leave a message? yes no

Email: _____ Do you consent to ISH using your email to contact you? yes no

Email is used for follow-up and email reminders only. We will not use/make your email address available for any other purpose.

****ISH is required by the College of Physicians and Surgeons of B.C. to send any test results and visit notes to a patient's Family Physician, unless this is declined by the patient. If you would like copies of your results sent on to your family Doctor please include their name below. We will still ask you on each and every visit if you wish this to be done, in the event your wishes change.*

I do wish any records of my visits be sent on to my Family Doctor

(first & last name): _____ Office: _____

*If you do not wish to have your test results or visit notes sent to a family Doctor, do **not** fill in the name of your physician and instead initial the box below.*

I do not wish any records of my visits be sent on to my Family Physician (or do not have one). _____ (initial here)

Medical History (Past AND Present)

Allergies	<input type="checkbox"/> none known		
Medications			
Migraine headache with any visual or neurological symptoms	<input type="checkbox"/> yes <input type="checkbox"/> no	Painful or Heavy Periods	<input type="checkbox"/> yes <input type="checkbox"/> no
Migraine headache without other symptoms	<input type="checkbox"/> yes <input type="checkbox"/> no	Pelvic Inflammatory Disease PID	<input type="checkbox"/> yes <input type="checkbox"/> no
Stroke	<input type="checkbox"/> yes <input type="checkbox"/> no	Chlamydia	<input type="checkbox"/> yes <input type="checkbox"/> no
Blood clot in a vein	<input type="checkbox"/> yes <input type="checkbox"/> no	Gonorrhea	<input type="checkbox"/> yes <input type="checkbox"/> no
High Blood Pressure	<input type="checkbox"/> yes <input type="checkbox"/> no	Genital Warts or HPV	<input type="checkbox"/> yes <input type="checkbox"/> no
High Cholesterol	<input type="checkbox"/> yes <input type="checkbox"/> no	Abnormal Pap Smear	<input type="checkbox"/> yes <input type="checkbox"/> no
Heart Attack	<input type="checkbox"/> yes <input type="checkbox"/> no	Colposcopy and/or LEEP	<input type="checkbox"/> yes <input type="checkbox"/> no
Heart Valve disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Syphilis	<input type="checkbox"/> yes <input type="checkbox"/> no
Diabetes with complications	<input type="checkbox"/> yes <input type="checkbox"/> no	Genital Herpes	<input type="checkbox"/> yes <input type="checkbox"/> no
Liver disease or hepatitis	<input type="checkbox"/> yes <input type="checkbox"/> no	HIV	<input type="checkbox"/> yes <input type="checkbox"/> no
Liver tumor	<input type="checkbox"/> yes <input type="checkbox"/> no	Bladder infection – UTI	<input type="checkbox"/> yes <input type="checkbox"/> no
Breast or uterine cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	Number of Pregnancies	
Gallbladder disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Number of Births	
Inflammatory Bowel Disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Number of Abortions or Miscarriage	
Anemia or Low iron	<input type="checkbox"/> yes <input type="checkbox"/> no	Approx. Weight	Is there anything else you would like us to know about you and/or your health?
Depression	<input type="checkbox"/> yes <input type="checkbox"/> no		
Anxiety	<input type="checkbox"/> yes <input type="checkbox"/> no		

Vaccine History

I have had the HPV Vaccine yes no unsure If yes, was it Gardasil Cervarix # of doses? _____

I have had the Hepatitis A Vaccine? yes no unsure

I have had the Hepatitis B Vaccine? yes no unsure

Family History

Blood clot <input type="checkbox"/> yes <input type="checkbox"/> no	Ovarian Cancer <input type="checkbox"/> yes <input type="checkbox"/> no
Stroke or Heart attack <55 in father, <65 in mother <input type="checkbox"/> yes <input type="checkbox"/> no	Breast Cancer <input type="checkbox"/> yes <input type="checkbox"/> no
Diabetes <input type="checkbox"/> yes <input type="checkbox"/> no	Other: _____

SEE OVER...

Please initial beside each of the following and sign below:

- People of all genders, orientations, abilities, ages, and identities are welcome at our clinics. We strive to provide respectful, safe and inclusive sexual health care services and are always open to feedback about how we can best support your needs.
- At ISH we have nurses and medical residents that work with our physicians. All of our residents have completed medical school and are physicians in their final year of residency. All of our nurses are certified in Contraceptive and Sexually Transmitted Infection management and fully qualified to provide sexual health services. If you have any questions or concerns about this, please do not hesitate to ask.
- Island Sexual Health acknowledges the complexity of anatomy and gender identity. While ISH uses terms such as penis or vagina for the sake of clinical assessment, all staff will respect the terms you ask us to use and the body needs you identify.
- At ISH we have trained (volunteer or staff) chaperones to assist our doctors during exams if needed. **If you do not wish to have a chaperone present, please notify the front desk PRIOR to your appointment, and the doctor once you enter the exam room.** You are welcome to bring in a friend, ally, or chaperone of your own to support you.
- ISH is a non-profit organization. We do not provide professional counseling, but rather non-biased educational information. We offer only sexual health services. If you have other non-sexual health issues you will need to follow up with another doctor in the community. We request an annual fee of \$20.00 to help support our society and educational services, and to help keep our product costs low. If you are unable to pay, please notify the front desk. Though we encourage our clients to pay the annual fee you will NOT be denied service if you are unable to pay.
- All client information is confidential and will not be released without client consent unless legally required. Chlamydia, gonorrhea, syphilis, and HIV are reportable infections in BC. We are required to follow up and report positive results to the BC Centre for Disease Control for statistical purposes and partner notification. It is important that sexual partners are notified of a positive result and advised to get treatment. This can be done confidentially without your name being used.
 - We are required by law to report disclosures of harm to self or others, child abuse or neglect, or if information is required by a court of law or other legal proceedings. We follow the guidelines concerning our duty to report that have been created by the College of Physicians and Surgeons of BC. If you would like more information regarding this, please ask a staff member.
- Please book a follow-up appointment to review your results as **we DO NOT give STI results over the phone.** Urine/Swab results: follow-up in one week. Blood Tests (HIV, syphilis, hepatitis): follow-up in 2 weeks. Pap test: follow-up in 6-12 weeks. You can call the day before your appointment to confirm that your results have arrived in time for your appointment.
- Pap test (cervical cancer screening) clients: BC Cancer Agency reviews your Pap test and makes recommendations for when your next Pap is due, based on the results. It is your responsibility to make a follow-up appointment to review your Pap test results so you are aware when your next Pap test is due.
 - Patients with medical coverage from a province other than British Columbia (with the exception of Quebec) are required to pay a \$20 fee for a Pap test.
- **Patients without medical coverage (and patients with coverage from Quebec) are required to pay each time** they see the doctor or nurse. The fees are \$60 for a consult, \$80 for an exam, and \$120 for an IUD insertion. You will be charged by the lab for the processing of tests (other than Pap tests). An invoice will be sent to the address we have on file for you (unless you take the items to the lab yourself). Approximate lab fee range: \$25 – \$235, depending on tests performed.
- It is your responsibility to **keep the clinic informed of your current contact information** and to notify us of any changes.
- Many sexually transmitted infections can be spread through oral, vaginal or anal sex and some viral infections can be spread just from skin to skin contact. Using protective barriers (condoms, oral dams, gloves) is an important part of infection protection. We have a variety of condoms, as well as oral dams and internal condoms available at ISH.

I have read and understand the above information.

Signature _____ **Date:** _____