

Integrative Naturopathic Medical Centre

Gynecological Exam (PAP) & Contraception Patient Advisory and Consent Form

Welcome to Pelvic Care Day at Integrative. Your Pelvic Care Day appointment will include: birth control prescription or IUD consultation, a pap test, pH and BV screening, a full pelvic exam, and IUD removal or an IUD check with ultrasound.

Full Name:	Date of Birth:
Email Address:	Phone Number:
Address:	City:
Emergency Contact Name:	Postal Code:
Emergency Contact Phone:	First Day of Last Period:
PHN (Personal Health Card) Number:	

Please provide some details about your current health:

Have you had a positive pregnancy test in the past 7 days?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you aware of any structural abnormalities in your uterus?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have an active pelvic infection, including bacterial vaginosis, vaginal candida, chlamydia, or gonorrhea?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have abnormal, undiagnosed uterine bleeding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a blood coagulation disorder eg. Haemophilia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have heavy, painful periods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a copper or nickel allergy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a family history of cervical, breast, uterine cancer or other gynecological conditions such as endometriosis, fibroids or adenomyosis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

*List any **prescribed medications, over-the-counter drugs, birth control or hormone replacement therapy** you've taken:*

Medication	Age Started	Length of Use	Dose	Side Effects

What you can anticipate:

For this test, you will need to undress from the waist down. You will be provided with a gown or a sheet to cover up. You then

will need to lie back on the medical table and put your feet up into the stirrups. When you're comfortable, the Naturopathic Doctor will gently insert an instrument called a speculum into your vagina. The speculum holds the walls of the vagina open so that your cervix can be seen more clearly. The Naturopathic Doctor will use a small spatula or brush to collect some cells from your cervix. A swab will be taken at this time to assess your pH and check for BV. The Naturopathic Doctor will also do a bimanual exam to feel your uterus, ovaries and pelvic floor muscles. An additional check to ensure all external vulvar tissues appear healthy will be performed. Remember, you're in control—don't hesitate to ask questions or request to stop the test at any time if you feel uncomfortable. The sample then goes to a lab to be examined for signs of abnormal cells. Your results will be shared with you and the Naturopathic Doctor for any required follow up, and you can view your results online through your [Health Gateway](#).

If you attend an appointment on Free Pap Day you agree to:

- Complete this form in advance of your appointment with our Naturopathic Doctors.
- We value your feedback - we will ask for a testimonial following your pap test either written or via QR code to learn about your experience and to continue to improve these services for future patients.
- You must be comfortable with multiple female Naturopathic Doctors and students present.
- I understand that photos and videos may be taken during this event for promotional and marketing purposes. These photos and videos will only be taken in public areas and not in the treatment room during my procedure.
- I understand free services are limited to what is listed in this document.

I consent to the above as part of my participation on Free Pap Day with Integrative. If I do not consent to the above, I am aware that I cannot participate in Free Pap Day and instead, can book a private appointment with associated fees.

Patient Signature:	Date:
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Declaration and Informed Consent

This declaration is to acknowledge and consent that I have been informed and understand that:

- I am not limited to exclusive follow-up treatment from a Naturopathic Doctor. I may also continue to seek treatment and continue medical care from a medical doctor or other licensed healthcare provider. All information contained in this document are strictly confidential and are part of my medical record which I can request at any time.
- I will receive explanation of the treatments performed and foreseeable side effects of services that I will receive during Free Pap Day. I am able to revoke my consent to participate at anytime including during the exam and/or procedure if I feel uncomfortable.
- Any follow-up appointments, supplements and remedies or testing are subject to fees. All fee's must be paid at the time of service or pickup and will be charged to a credit card that will be added to my file.

Patient Signature:	Date:
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