GYNECOLOGY - HISTORY & PHYSI L

DATE

Formedic

NAME

MARITAL STATUS S M W D SEP

DATE OF BIRTH

ADDRESS

PHONE (H) (O)

EMPLOYER / OCCUPATION

REFERRED BY

MENARCHE G P A L **MENST Hx - LNMP** CYCLE ☐HEAVY ☐MODERATE ☐LIGHT

PATTERN - REGULAR Y N FREQUENCY DURATION **SPOTTING** Y N PAIN BLOATING Y N

LAST PAP TEST ☐NORM ☐ABN **CONTRACEPTION** - CURRENT METHOD PAST METHOD(S)

MAMMOGRAM ☐NORM ☐ABN **STD** **B. VAG** HPV HIV

MENOPAUSE ☐HOT FLASHES ☐VAGINAL DRYNESS ☐NIGHT SWEATS ☐MEMORY / CONCENTRATION ☐TREATMENT

SEXUAL PROBLEMS ☐LIBIDO ☐ORGASMIC DYSFUNCT ☐DYSPAREUNIA ☐VAGINISMUS **URINARY TRACT** ☐INFECTIONS ☐FREQUENCY ☐INCONTINENCE ☐URGENCY (X)____

CC & HISTORY OF PRESENT ILLNESS

HABITS CIG ALCOHOL OZ/WK **COFFEE** CUPS/DAY **REGULAR EXERCISE** **STREET DRUGS**

OBSTHIST

MO / YR	GEST AGE	LABOR	DEL / TYPE	WT	SEX	REMARKS	MO/YR	GEST AGE	LABOR	DEL/TYPE	WT	SEX	REMARKS

PAST MEDICAL & FAMILY HISTORY - (✓) NORMAL (X) ABNORMAL (USE REFERENCE #'S TO DETAIL POSITIVE FINDINGS)

	SELF	FAM		SELF	FAM
1. WT LOSS / GAIN	☐		13. ANEMIA/ BLOOD DISEASE	☐	☐
2. HEADACHES / MIGRAINE	☐	☐	14. BLOOD TRANSFUSION	☐	
3. HEART DIS (MVP - RHD)	☐	☐	15. VARICOSE V / PHLEBITIS	☐	☐
4. HYPERTENSION	☐	☐	16. THYROID DISEASE	☐	☐
5.RESPIRATORY DIS	☐	☐	17. DIABETES	☐	☐
6. BREAST DISEASE	☐	☐	18. CANCER	☐	☐
7. JAUNDICE / HEPATITIS	☐	☐	19. EPILEPSY / NEUR DISEASE	☐	☐
8. GALL BLADDER DIS	☐	☐	20. ARTHRITIS / OSTEOPOROSIS	☐	☐
9. H. HERNIA / PEP ULCER	☐	☐	21. SKIN DISEASES	☐	☐
10. BOWEL DISORDERS	☐	☐	22. EXCESSIVE SWEATING	☐	☐
11. KIDNEY DISEASE	☐	☐	23. ANXIETY DEPRESSION	☐	☐
12. URINARY INCONT / INFECT	☐	☐	24. SLEEP DIFFICULTY	☐	

IMMUNIZATIONS (YEAR) TETANUS /Td FLU HEP A HEP B SHINGLES HPV STD - # OF ENCOUNTERS TRAVEL ABROAD

HOSP

MO / YR	ILLNESS / OPERATION	MO / YR	ILLNESS / OPERATION

MEDICATIONS | **CALCIUM SUPPLEMENTS & HERBAL REMEDIES** | **ALLERGIES**

PHYSICAL EXAM

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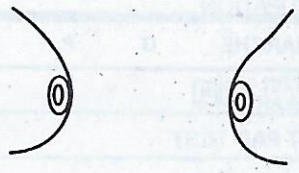
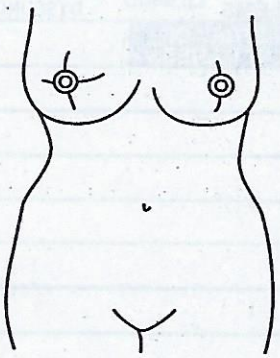
	(✓) N	(X) ABN
1. APPEARANCE	☐	☐
2. SKIN	☐	☐
3. HEENT	☐	☐
4. THYROID	☐	☐
5. LYMPH NODES	☐	☐
6. HEART	☐	☐
7. LUNGS	☐	☐
8. BREASTS	☐	☐
9. NODES - AXILL	☐	☐
- SUPRACLAV	☐	☐
10. ABDOMEN	☐	☐
11. EXTREMITIES	☐	☐
12. M. SKELETAL	☐	☐
13. NEUROLOGIC	☐	☐

HT WT BMI B.P. P.





GYNECOLOGICAL EXAM

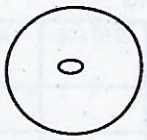
EXT. GENITALIA ☐

B ☐ U ☐ S ☐

VAGINA ☐

CERVIX ☐

UTERUS ☐ POSITION SHAPE SIZE MOBILITY

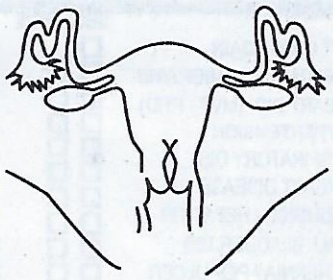


ADNEXA ☐

RECTUM ☐

INVESTIGATIONS

PAP TEST ☐	SEROLOGY ☐	PREG TEST ☐
ULTRASOUND ☐	WET MOUNT ☐	CBC ☐
MAMMOGRAM ☐	KOH WHIFF TEST ☐ pH TEST ☐	URINE ANALYSIS ☐ C & S ☐
COLPOSCOPY ☐	CULTURES ☐	CHOL / TRIG ☐
HYSTEROSCOPY ☐	G.C. ORAL ☐ CX ☐ RECT ☐ URET ☐	THYROID ☐ ☐
☐		STOOL OCCULT BLOOD ☐
☐	CHLAMYDIA ☐	BONE DENSITY ☐
☐	HIV SCREEN ☐	☐
☐	HPV SCREEN ☐	☐



DIAGNOSIS

TREATMENT

NEXT APPOINTMENT