Name | **PHYSICAL EXAM** | Date | Age

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

HT WT B.P. P

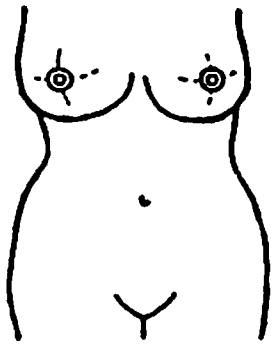
CHIEF COMPLAINTS: 1.

2. 3.

FAMILY HISTORY OF CANCER - BREAST, UTERINE, CERVICAL, OVARIAN

CONTRACEPTION

SELF BREAST EXAM - SBE



LAST EXAM

GYNECOLOGICAL EXAM (✓) Normal

EXT. GENITALIA ☐

☐ B ☐ U ☐ S

VAGINA ☐

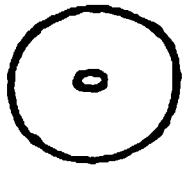
CERVIX ☐

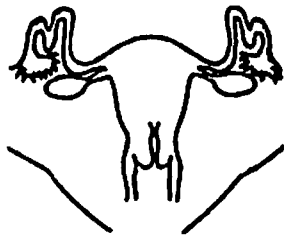
UTERUS ☐

ADNEXA ☐

RECTUM ☐

POSITION SHAPE SIZE MOBILITY





INVESTIGATIONS

PAP TEST	☐	SEROLOGY	☐	PREG TEST	☐
ULTRASOUND	☐	WET MOUNT	☐	CBC	☐
MAMMOGRAM	☐	CULTURES	☐	URINE	☐
COLPOSCOPY	☐	G.C ORAL	☐	CHOL./TRG.	☐
HYSTEROSCOPY	☐	VAG	☐	THYROID	☐
		RECT	☐	CHEM	☐
		URET	☐	STOOL - O.B.	☐
		CHLAMYDIA	☐		

DIAGNOSIS

TREATMENT

NEXT APPOINTMENT:

VACCINATIONS

Discussed:

- ☐ Cholesterol
- ☐ CBC
- ☐ STD's
- ☐ Diet & Exercise
- ☐ HRT
- ☐ Occult Blood Sigmoidoscopy

Signature of Physician

GYNECOLOGY **HISTORY & PHYSICAL** DATE

NAME | MARITAL STATUS S M W D SEP | DATE OF BIRTH

ADDRESS | PHONE (H) (O)

EMPLOYER / OCCUPATION | INS # | REFERRED BY

MENARCHE G P A L | MENST Hx - LNMP | CYCLE | REG Y N | SPOT | PAIN

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

MAMMOGRAM ☐ NORM ☐ ABN

CC & HISTORY OF PRESENT ILLNESS

OBSTT	MO / YR	GEST AGE	HRS LAB	DEL / TYPE	WT	SEX	REMARKS	MO / YR	GEST AGE	HRS LAB	DEL / TYPE	WT	SEX	REMARKS

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

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

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

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

MEDICATIONS | **ALLERGIES**

EVELINE ASSAD, M.D. OB/GYN

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