

# GYNECOLOGY HISTORY

COMPLETE SHADED AREAS ONLY

OB/GYN OF FAIRFIELD COUNTY, LLC

NAME		HOME PHONE		WORK PHONE		DATE OF EXAM
ADDRESS		CELL		EMAIL		
DATE OF BIRTH	AGE	OCCUPATION		ETHNICITY		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D
<b>MENSTRUAL HISTORY</b>	LAST MENSTRUAL PERIOD	AGE AT ONSET		LENGTH OF PERIOD	CYCLE LENGTH	PAIN
<b>CONTRACEPTION</b>	CURRENT			PAST		
<b>SEXUAL HISTORY</b>	ACTIVE <input type="checkbox"/> Y <input type="checkbox"/> N	PAIN <input type="checkbox"/> Y <input type="checkbox"/> N	COMMENTS			GARDASIL STATUS VACCINE <input type="checkbox"/> Y <input type="checkbox"/> N
DATE/RESULTS OF LAST: PAP-		MAMMOGRAM-		CHOLESTEROL-		

CC/GYN HISTORY

OBSTETRICAL HISTORY	YEAR	SEX	WT	GEST AGE	TYPE DEL	COMMENTS
G__ P__ A__ L__						

PAST MEDICAL AND SURGICAL HISTORY	SELF		FAMILY		COMMENTS
	Y	N	Y	N	
ALLERGIES					
EYES, EARS, NOSE, THROAT					
THYROID DISEASE					
RESPIRATORY PROBLEMS					
HEART DISEASE					
HIGH BLOOD PRESSURE					
BREAST DISEASE					
JAUNDICE/HEPATITIS					
GALLBLADDER DISEASE					
BOWEL/STOMACH DISORDERS					
BLADDER/URINARY TRACT PROBLEMS					
KIDNEY PROBLEMS					
VARICOSE VEINS/PHLEBITIS					
DIABETES					
CANCER					
EPILEPSY/NEUROLOGIC DISORDERS					
OTHER					
ALCOHOL DRINKS/WEEK					
SMOKING CIGS./DAY					
SURGERY/HOSPITALIZATIONS					
MEDICATIONS					
EXERCISE					

# PHYSICAL EXAMINATION

PATIENT NAME \_\_\_\_\_

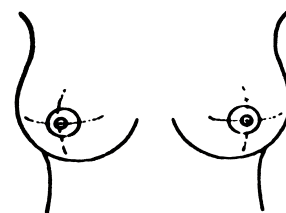
HT	WT	BMI	BP
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### WNL

- SKIN \_\_\_\_\_
- HEENT \_\_\_\_\_
- NECK \_\_\_\_\_
- LUNGS \_\_\_\_\_
- COR \_\_\_\_\_
- ABD \_\_\_\_\_
- EXTREM \_\_\_\_\_

### BREASTS:

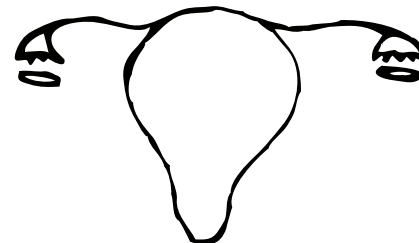
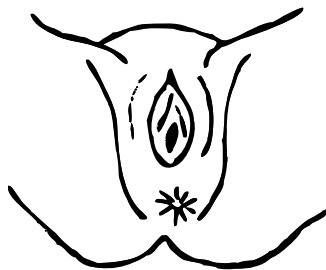
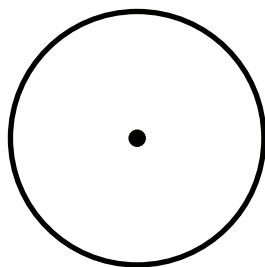
- Left \_\_\_\_\_
- Right \_\_\_\_\_
- Nipples \_\_\_\_\_
- Nodes \_\_\_\_\_



### PELVIC EXAMINATION:

- Ext. Genitalia \_\_\_\_\_
- Vagina \_\_\_\_\_
- Cervix \_\_\_\_\_
- Uterus \_\_\_\_\_
- Adnexae \_\_\_\_\_
- Rectum \_\_\_\_\_

### CERVIX



**LAB:** \_\_\_\_\_      Urine: \_\_\_\_\_      H/H: \_\_\_\_\_      Pap: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**ASSESSMENT:** \_\_\_\_\_

**PLAN:** \_\_\_\_\_