McLaren Business Products

McLaren Print System Order

Order No: 54126 Reprint Previous Order No: 5512
Order Date: 2020-05-07
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044
Forms
Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb Family Medicine
Company Number: 810

Order Total Price: 0.00

Item Number: MM-123
Item Description: Gynecological History & Examination
Revision Date: 8/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group

GYNECOLOGICAL HISTORY & EXAMINATION

NURSING ASSESSMENT

DATE _____ AGE _____

VITALS: Height: Weight: BP: T: P: R:

Chief Complaint

LMP

Signature

History of Present Illness: ❑ Questionnaire / ROS reviewed

PHYSICIAN ASSESSMENT

EXAMINATION:

Vital Signs reviewed ❑ General Appearance

Orientation ❑ time ❑ place ❑ person

Mood/Affect ❑ normal ❑ depressed

❑ anxious ❑ agitated

Neck: Neck/Thyroid

RESPIRATORY: WNL ❑ Y ❑ N

CARDIOVASCULAR: WNL ❑ Y ❑ N

BREASTS: Symmetrical ❑ Y ❑ N

Discharge ❑ Y ❑ N Lumps/masses ❑ Y ❑ N

Nipples ❑ Everted ❑ Inverted

Other

GASTROINTESTINAL: Liver/spleen

Abdominal masses / tenderness ❑ Y ❑ N

Hernia ❑ Y ❑ N

Rectum /Anus WNL ❑ Y ❑ N Hemoccult

LYMPHATIC: Neck ❑ non-palpable

Axilla ❑ non-palpable Groin ❑ non-palpable

PELVIC: External genitalia

Urethra meatus WNL ❑ Y ❑ N

Urethra WNL ❑ Y ❑ N Cervix WNL ❑ Y ❑ N

Bladder WNL ❑ Y ❑ N Uterus WNL ❑ Y ❑ N

Vagina WNL ❑ Y ❑ N Adnexa WNL ❑ Y ❑ N

Date of Last:

Pap: Mammo: Bone Density:

NOTES/ASSESSMENT/PLAN:

Time: _____ mins. ❑ 50% of time counseling

Signature of Provider Date/Time

GYNECOLOGICAL HISTORY AND EXAMINATION