McLaren Macomb

COLPOSCOPY

Date: _____ LMP: _____

Patient Referred By: _____

Allergies: _____

_____

Meds: _____

_____

VITALS

WT: _____ HT: _____ BP: _____ T: _____ P: _____ R: _____

HISTORY

☐ STD

- ☐ Chlamydia ☐ Gonorrhea
- ☐ Herpes ☐ HPV
- ☐ Syphilis

☐ Past history of abnormal pap

☐ Smoker

☐ Periods ☐ Regular ☐ Irregular

Days of flow _____

Cycle length _____

Flow ☐ Heavy ☐ Med ☐ Light

☐ Bleeding

- ☐ Intermenstrual
- ☐ Postcoital

☐ Current oral contraceptive use

_____ (Number of) sexual partners

IMPRESSION:

FOLLOW-UP:

BIOPSY SITE:

COLPOSCOPY _____

- ☐ Normal
- ☐ Abnormal
  - ☐ Location _____
  - ☐ Biopsy Site _____
  - ☐ Mosaicism _____
  - ☐ Punctuation _____
  - ☐ A W change _____
  - ☐ Irregular vessel _____
  - ☐ Squamocolumnar site _____
- ☐ Endocervical curettage _____
- ☐ Transformation zone seen
- ☐ Transformation zone not seen

EBL _____

_____

Chaperone Date/Time

_____

Physician Date/Time

MO-164 (2/16)

COLPOSCOPY

Patient Name:

Date of Birth: