

Annual Gynecological Exam

Name: _____ **D.O.B.:** ____ / ____ / ____ **Date:** ____ / ____ / ____ **Time:** _____
Hgt.: _____ Wgt.: _____ lbs. BMI: _____ Temp.: _____ °F B/P: _____ Pulse.: _____ Resp.: _____
Allergies: _____

First day of last Menstrual Period: ____ / ____ / ____ Age > 40: Last Mammogram: ____ / ____ / ____
Abnormal Pap Smears YES NO Abnormal Mammogram YES NO
Family History of Breast Cancer YES NO Age > 50: Last Bone Density: ____ / ____ / ____
Smoker YES NO Colonoscopy YES: ____ / ____ / ____ NO
Abnormal Bleeding YES NO Next due: ____ / ____ / ____

Other Complaints/HPI: _____

Physical Exam:

Ext. Genitalia Appear: Normal
Abnormal: _____

Urethral Meatus: Normal
Abnormal: _____

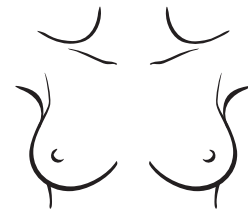
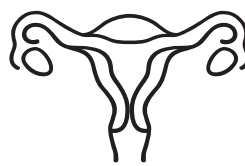
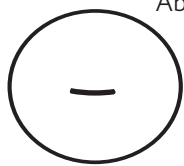
Vaginal: Normal
Abnormal: _____

Cervix: Normal
Abnormal: _____

Uterus & Adnexa: Normal
Abnormal: _____

Breasts: Normal
Abnormal: _____

Rectum/Anus/Perineum: Normal
Abnormal: _____



HEENT: Normal Abnormal: _____ Oral Exam (Smoker): _____
Heart: Normal Abnormal: _____
Lungs: Normal Abnormal: _____
Abdomen: Normal Abnormal: _____
Skin: Normal Abnormal: _____
Extremities: Normal Abnormal: _____

Assessment: 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Plan: Reinforced healthy diet, lifestyle, exercise and safety Over 40: Mammogram
Pap Smear Over 50: Reminded to report postmenopausal bleeding
Calcium 1200 mg/d Colonoscopy Bone Density
Labs: Cholesterol CBC CMP Thyroid Coated ASA: 325 mg/d 81 mg/d
Other: _____

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Next: visit in _____ for _____ **Resident Signature:** _____

I personally interviewed and examined the patient today. I agree with findings and plan of care and have made any corrections to the documented in the above note:

Physician's Signature: _____ **Date:** ____ / ____ / ____ **Time:** _____