

ROUTINE GYNECOLOGICAL EXAM AND PAP

Name: _____ DOB: _____ SS# _____

College Address _____ Phone # _____

E-Mail Address _____ Cell phone # _____

Date: _____ Time: _____ Allergies _____

Current Meds: _____ Smoker Yes No Cessation offered _____

Chief Complaint: Routine Gyn Exam Other: _____

Symptoms: Pelvic pain Vaginal Pain Abnormal Vaginal Bleeding Abnormal Vaginal Discharge
 Abnormal Vaginal Lesion Urinary Symptoms Itching/burning/irritation Pain with Intercourse
 Other _____

History: HHQ date: _____ Reviewed Changes _____

ROS: Negative Other _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Re / X 2 advised

General Appearance _____

EXAM	PHYSICAL FINDINGS	OTHER
	WNL	OTHER
General	<input type="checkbox"/> NAD <input type="checkbox"/> Well developed <input type="checkbox"/> Well nourished <input type="checkbox"/> No deformities	
Mood/Affect	<input type="checkbox"/> Normal <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Agitated	
Eyes	<input type="checkbox"/> Grossly WNL	
Neuro	<input type="checkbox"/> CN II-XII intact <input type="checkbox"/> DTRs equal bilat	
CV	<input type="checkbox"/> RRR <input type="checkbox"/> No Murmurs	
Resp	<input type="checkbox"/> Clear to A, equal breath sounds	
GI	<input type="checkbox"/> Abdomen soft/non-tender, no masses <input type="checkbox"/> Liver/spleen non-palpable	
GYN	<input type="checkbox"/> Breast w/no masses/discharge/tenderness <input type="checkbox"/> Vulva-no lesions, skin intact w/no discoloration <input type="checkbox"/> Vagina, normal color, no unusual dschg. <input type="checkbox"/> Bartholins- no enlargement/tenderness <input type="checkbox"/> Cervix- no lesions, no contact bleeding, no CTM <input type="checkbox"/> Uterus-NS/NT/mobile <input type="checkbox"/> Adnexa-non tender w/no masses	
Misc.	<input type="checkbox"/> Back w/no curvature <input type="checkbox"/> Extremities full ROM	
Skin	<input type="checkbox"/> Intact w/no lesions	
Endo	<input type="checkbox"/> Thyroid NS/NT/equal bilateral	
Lymph	<input type="checkbox"/> No lymphadenopathy neck/axilla/groin	

Microscopic Exam: WNL Clue Cells Yeast + Whiff Trich WBC's ___ hpf pH ___ N/A

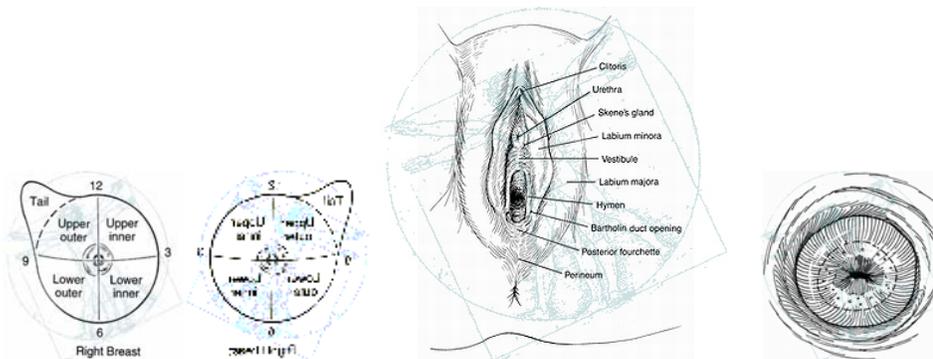
Urine Dip Stick: N/A _

Bilirubin _____ Urobilinogen _____ Ketones _____ Glucose _____ Protein _____

Blood _____ pH _____ Nitrite _____ Leukocytes _____ Specific Gravity _____

UCG: Negative Positive N/A Trich test: Negative Positive N/A

Circle= Swelling/Irritation/Discoloration X= Lesion



Impression: Routine Gyn PE & PAP Other _____

Labs: Routine Thin Prep Pap GC/Chl NAAT HSV

Refer for HIV/STS Testing

Other _____

Plan: Discuss Safe Sex/ Handouts Gardasil Vaccine discussed / Handouts

Informed about HPV vaccine Gardasil/handouts Rx given for Gardasil Informed about Plan B

BCP _____

Ortho-Evra Nuva Ring Depo

Other: _____

Follow Up: Will advise if PAP abnormal and refer/retest as indicated, otherwise follow up in one year or PRN

4 wks for Pap and STD screen results

Two Weeks for STD Screen results

Other _____

Provider Signature: _____