OB/GYN HISTORY & PHYSICAL

Patient Name ____________________ Chart # ______________ Ref. Physician ______________

Age _____ Race _____ Gr _____ Para _____ Ab _____ LMP _____ Contraceptive _____ Last/Pap _____

Type Exam ________________ Nurse Init ____________ Last Mammogram ______________

Complaint / Gyn History

Menarchy:

Abn. Paps:

STDs:

Interval Past History

Operations ______________________

Illnesses ______________________

Family ______________________

Medications ______________________

Allergies ______________________

Exam Wt _____ BP _____ Pulse _____ Temp _____

	Nor	Abnor	Positive Findings
Appear	❑	❑	
EENT	❑	❑	
Neck	❑	❑	
Heart	❑	❑	
Lungs	❑	❑	
Breasts	❑	❑	
Abdomen	❑	❑	
Extrem	❑	❑	
Neuro	❑	❑	

Gyn Exam

Vulva ______________________

Vagina ______________________

Cervix ______________________

Adnexa ______________________

Rectal ______________________

Return **Date of Service**

Tests Ordered / Results

Urinalysis __________ Hb/Hct _____ UCG _____

Sp. Gravity __________ Wet Smear __________

Ph __________

Glucose __________ ❑ Pap Smear

Protein __________ ❑ Annual Lab

HGB __________ ❑ Thyroid/TSH Profile

Ketones __________ ❑ Estrogen Profile

Nitrates __________ ❑ Mammogram

Micro __________ ❑ Sonography

Wbc __________ ❑ Densiometry

Rbc __________ ❑ Quant HCG

Bacti __________ ❑ CA-125

Other ______________________

Summary

Differential Dx

Instructions / Treatment

❑ SBE Instructions

Prescriptions

Diagnosis

Time with patient ______________________

Signature ______________________