FEMALE MEDICAL EXAM

Name ______________________________ **Age** ______________ **Date** ________________

ALLERGIES ______________________________ ❑ NKDA

SUBJECTIVE

Chief complaint/Purpose of visit: ______________________________

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G ______ P ______ TAB ______ SAB ______ Ectopic ______ LMP ______ LNMP ________

Current BCM ____________________ Since __________ Date of last pill/injection ___________

Currently breast feeding? ❑ Yes ❑ No

BCM desired ______________________________

Last unprotected intercourse (UPIC) _________________ EC used? _________________

STD risk factors (past 12 months or since last visit/risk assessment): ❑ None ❑ Not assessed

- ❑ Known/suspected exposure
- ❑ New or >1 partner
- ❑ Possible non-monogamous partner
- ❑ Inconsistent condom use (<100%)
- ❑ Personal/partner IDU
- ❑ Hx of STD diagnosis

Staff signature: ________________________ Title: ______________ Time: __________

Present history: ______________________________

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OBJECTIVE

Vital signs: WT _______ HT _______ BMI _______ BP _______ T _______ P _______

PHYSICAL EXAM	NL	ABN	Not Done	Description
Neck/Thyroid				
Heart				
Lungs				
Breast ❑ BSE reviewed				
Abdomen				
GYN: Ext. genitalia				
Urethral meatus				
Urethral/bladder				
Vagina				
Cervix				
Uterus				
Adnexae				
Anus/perineum				

Other: ______________________________

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Physical exam not performed: ❑ Not indicated ___________ ❑ Patient declines __________

❑ Done elsewhere _________ ❑ Records request ___________

OFFICE TESTS

- ❑ Pregnancy Test
  - ❑ Positive
  - ❑ Negative
- ❑ Urinalysis
  - ❑ Leukocytes
  - ❑ Nitrites
  - ❑ Protein
  - ❑ Glucose
- ❑ Wet Mount
  - ❑ Candida
  - ❑ Trich
  - ❑ Clue Cells
  - ❑ WBCs: ____________

Vaginal pH: _____ Amine **+ -**

LAB TESTS

- ❑ Pap
- ❑ GC
- ❑ Syphilis
- ❑ GTT
- ❑ Lipids
- ❑ Urine C/S
- ❑ Herpes
- ❑ Ct
- ❑ HIV
- ❑ Glucose
- ❑ Cholesterol
- ❑ LFTs
- ❑ CBC
- ❑ Mammo

Other lab tests: __________

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EDUCATION

- ❑ Contraceptive options
- ❑ Method: ______________
  - ❑ Warning signs/risks
  - ❑ Side effects
  - ❑ Usage
- ❑ Emergency contraception (EC)
- ❑ Condoms/spermicides
- ❑ Safer sex/STI
- ❑ Alcohol/drug use
- ❑ Preconception planning
- ❑ Parental involvement (if <18)
- ❑ Mammogram (if >40)

MEDICAL DECISION MAKING

Assessment: ______________________________

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Plan: ❑ BCM ______________________________

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❑ Referral/ ❑ Consultation ______________________________ ❑ RTC _______ /PRN

Rx dispensed ______________________________

>50% of visit was counseling/coordination of care. Clinician time: ______________________________

Clinician signature: ______________________________

Print name: ________________________ Date/time: ____________________

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