**Date:**

**Name:** **Date of Birth**:

Gravida: Para: **Age**:

**Well Woman/Chief Complaint**:

**VITALS: WT: HT: BP: / P: R: T:**

**PMHx: Medications:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**PSurHx: OBHx:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**SocHx: GynHx:**

|  |  |
| --- | --- |
| Tobacco No Yes \_\_\_\_\_\_\_\_\_\_\_ | LMP |
| EtOH No Yes \_\_\_\_\_\_\_\_\_\_\_ | Pap |
| Illicit Drugs No Yes \_\_\_\_\_\_\_\_\_\_\_ | Mammogram |
|  | STDs No Yes |
| **Allergies:** |  |
| **FamHx:** Ovarian Ca No Yes \_\_\_\_\_\_\_\_\_ |  |
| Breast Ca No Yes \_\_\_\_\_\_\_\_\_ |  |
|  Colon Ca No Yes \_\_\_\_\_\_\_\_\_ |  |

**Review of Systems (ROS)**

|  |  |
| --- | --- |
| **CONSTITUTION** | Negative Weight Loss Weight Gain Fever Fatigue Other: |
| **EYES** | Negative Vision Change Glasses/Contacts Other: |
| **HEAD/EARS/NOSE/THROAT** | Negative Headache Hearing Loss Sinusitis Ulcers Other: |
| **CARDIOVASCULAR** | Negative Chest Pain Palpitations Other: |
| **RESPIRATORY** | Negative Wheezing Hemoptysis Cough Shortness of breath Other: |
| **GASTROINTESTINAL** | Negative Diarrhea Constipation Bloody stool Nausea/Vomiting Other: |
| **GENITOURINARY** | Negative Hematuria Dysuria Incontinence Other: |
| **MUSCULOSKELETAL** | Negative Arthritis Muscle Weakness Other: |
| **SKIN** | Negative Rash Ulcers Other: |
| **BREAST** | Negative Discharge Masses Other: |
| **NEUROLOGIC** | Negative Seizures Syncope Other: |
| **PYSCHIATRIC** | Negative Depression Anxiety Other: |
| **ENDOCRINE** | Negative Heat/Cold Intolerance Other: |
| **HEMATOLOGICAL/LYMPHATICS** | Negative Easy Bruising Bleeding Edema Other: |

**History of Present Illness:**

Student Signature: Date:

**PHYSICAL EXAM** *Pertinent Positives/Negatives*

|  |  |  |
| --- | --- | --- |
| CONSTITUTION | * Well developed
* Well nourished
 |  |
| HEAD/EYES/EARS/NECK/THROAT | * Extraocular muscles intact
* NO thyromegaly
* Trachea midline
 |  |
| CARDIOVASCULAR | * No murmurs auscultated
* Normal rate
 |  |
| RESPIRATORY | * Clear to auscultation bilaterally
* No wheezes
 |  |
| BREASTS | * No discharge
* No dimpling
* No masses palpated
* Symmetrical
* No tenderness/erythema
 |  |
| GI/ABDOMEN | * No masses
* No tenderness
* No hernia palpated
* No hepatomegaly/splenomegaly
 |  |
| G/U | * No vulvar lesion
* Urethral meatus without lesions
* No urethral masses
* Bladder non-tender
* Vaginal mucosa, moist, no lesions, no discharge
* Cervix, no lesion/discharge/no cervical motion tenderness
* Uterus, midline, non-tender, no masses
* No adnexal masses/tenderness
* Anus/perineum intact without lesions/masses
* Rectal exam normal tone/no masses
 |  |
| MUSCULOSKELETAL | * Full range of motion in upper/lower extremities
* No weakness
 |  |
| SKIN | * No rashes/lesions/ulcers
 |  |
| LYMPH | * No lymphadenopathy in neck/axilla/groin
 |  |
| NEURO/PSYCH | * Alert/oriented to person/place/time/situation
* Normal affect
 |  |

**Assessment: Plan:**

**Return: Day(s) Week(s) Month(s)**

**Student Signature: Date:**