

♥ Peninsula Women's Care
WW Exam

Patients Please Complete The Following Section:

Name: _____ Birth Date: _____ Age: _____ Appointment Date: _____
Circle best phone # to reach you during day: Home / Work / Cell Phone # _____ OK to leave detailed results? No / Yes
 Occupation: _____ Previous Female Surgeries? _____
 # Pregnancies: _____ # Vag. Deliveries: _____ # C-Sections: _____ # Miscarriages: _____ # Abortions: _____ # Living: _____
 1st day of last period: _____ Do you have a period each month? Yes / No Any problems with period? _____
Current method of preventing pregnancy: _____ Methods used in the past: _____
 Name of pill or hormones currently taking: _____ Last Pap done: _____ Results normal? Yes / No
 Previous **Abnormal** Pap? No / Yes When? _____ What type of treatment: _____
 Last Mammogram done: _____ Results: _____ Last Colonoscopy done: _____ Results: _____
 Last Cholesterol done: _____ Results: _____ Last Bone Density done: _____ Results: _____
 Have you been seen by another MD in the past year? No / Yes For what reason: _____
 What medications were prescribed by another MD this past year? _____
 Do you smoke? No / Yes #packs/day: _____ Drink alcohol? No / Yes #drinks/week: _____ Take street drugs? No / Yes _____
 Has anything changed in your / family past medical history in the past year? No / Yes _____
 What brings you to the office today? _____
 Do you have any objections to receive blood or blood products? No / Yes _____

B/P: _____ **Wt:** _____ **Ht:** _____ **BMI:** _____ **Hgb:** _____ **Urine:** _____ **Nitr** _____ **Glc** _____ **Pro** _____ **Leuk** _____ / **To be done by PCP**
Urine Pregnancy Test: Negative / Positive / Not Indicated

Current Meds/Herbs: _____

New / Established Patient

PCP: _____

Allergies: None /

PFSH or Summary of Care reviewed with patient? Yes / No _____ (MD/NP initials)

Other Concerns: _____

Heart: Normal rate / rhythm Other: _____
Lungs: Bilat Clear Other: _____
Thyroid: WNL Enlarged Nodular
Breasts: WNL Fibrocystic Nipple discharge Masses:
Abdomen: Benign Obese Other: _____
Vulva/BUS: WNL Atrophic Inflamed Lesions Other: _____
Vagina: WNL Atrophic Inflamed Cystocele Rectocele Discharge:
 Wet Prep: Not indicated Hyphae: _____ Clue cells: _____ WBCs: _____ Trich: _____ Ph: _____
Cervix: Nullip Parous Absent Stenotic +/- Friable +/- CMT Discharge:
Uterus: NSSC Absent Mobile AV MP RV Nontender Irregular Enlarged to:
Adnexa: **Right** = Non/Tender No Masses Absent Nonpalpable Other:
Left = Non/Tender No Masses Absent Nonpalpable Other:
Rectal: Confirms exam Deferred Hemorrhoids Fecal Occult Blood: - / + / Deferred / No Stool
Extremities: WNL /

A: Benign well-women exam OTHER: 1. _____ 2. _____ 3. _____ 4. _____

P: Thin Prep Pap done: **YES:** With / Without HPV DNA Repeat Pap in _____ mos. / yrs. if WNL GC/Chlamydiazyme done: Yes / No
NO: No longer needed due to: Age / Hyst / Other: _____

Mammogram Ordered: Yes / Not Indicated / To be done: _____ Pelvic Ultrasound Ordered: Yes / Not Indicated / To be done: _____
 (Pt advised to contact office if Pap or Mammogram results not received in timely manner. Reinforced monthly BSE)

Other Labs: None / Vit. D & Calcium / _____ Done Today / Due: _____

Rx samples given: None / _____

BC Rx written: None / _____ # packs/patches: _____ Refills: _____

HRT Rx written: None / _____ #: _____ Refills: _____ / #: _____ Refills: _____

Other Meds: None / _____

RTC: Annually / PRN / _____ Handouts given: None / _____

Other Treatment / Instructions (circle if applicable): DEXA / Colonoscopy