



Intake

Informant/Relationship

Vitals

Height in

Weight lbs oz

Blood Pressure / systolic/diastolic Location Position

BMI kg/m²

More

History of Present Illness

Past Medical/Surgical History (pertinent to gyn)

Major Medical Problems

Surgeries (Include What and When)

History of Sexually Transmitted Diseases

Pregnancy History (include whether terminated, lost, or age at delivery)

Gynecologic History

Age of Menarche

First Day of Last Menstrual Period



notes

Regularity of Menses

notes

Duration of Menstrual Flow

notes

Frequency of Periods

notes

Any Associated Symptoms (ie. cramping, headaches, mood changes)

notes

What Type of Sanitary Product Used (pads/tampons/both)

notes

Greatest Number of Sanitary Products Used in One Day

notes

Any Inter-menstrual Bleeding

notes

Any Discharge or Itching

notes

Sexual Activity

notes

Lifetime Number of Partners

notes

Any Pain With or Following Intercourse (state which)

notes

Any Post-coital Bleeding



notes

Current Method of Contraception (state satisfaction level)

notes

Form(s) of Contraception Tried (state satisfaction level)

notes

Additional Form(s) of Contraception Tried (state satisfaction level)

notes

Any Pap Smears Done (give results if known)

notes

Physical Exam

Make All:

A N N/E

Thyroid

notes

Heart

notes

Lungs

notes

Breasts (Visually Symmetrical; Without Skin Changes, Masses, Tenderness, or Discharge)

notes

Abdomen

notes



- Vulva/Vagina (Normal, No Lesions or Discharge)
- Bartholins/Urethra/Skeins (No Discharge)
- Cervix (Normal Appearance, No Discharge, No Lesions)
- A N N/E
- Uterus (Normal Size and Position, Midline, Mobile)
- Adnexa (No Masses Palpated, No Enlargement, No Tenderness)
- Sexual Maturity Rating
- add item

Diagnoses

-

Vaccine Consent

Make All:

Yes No

- Following counseling regarding the risks and benefits of vaccines and the risks associated with the diseases they prevent, parents consent to the following vaccines as recommended by the CDC:



notes

- Following counseling regarding the risks and benefits of vaccines and the risks associated with the diseases they prevent, parents decline the following vaccines despite recommendation by the CDC:

notes

- add item

notes

Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A

- Monthly Self Breast Exam Recommended and Demonstrated/Reviewed

notes

- Birth Control Methods Discussed

notes

- Reviewed Side-Effects and Limits of Birth Control Prescribed

notes

- add item

notes



Plan

Select All

- Immunizations (See Vaccine Administration Record)
notes
- Laboratory/Screening Results
notes
- Medication
notes
- Referral to:
notes
- Follow-up / Next Visit
notes
- add item
notes

Navigational Anchors in Gynecologic Eval - CCP

1. Vitals
2. History of Present Illness
3. Past Medical/Surgical History (pertinent to gyn)
4. Gynecologic History
5. Physical Exam
6. Diagnoses
7. Immunizations
8. Anticipatory Guidance Discussed
9. Plan