



## GYN History and Physical Template

Patient is a \_\_\_ y/o G\_\_\_ P\_\_\_ LMP with a history of \_\_\_\_\_ who presents with \_\_\_\_\_

HPI (considerations):

- Abnormal uterine bleeding: [PALM COIEN, frequency, duration, associated symptoms, etc]
- Vaginal discharge: [Color. Odor. Sexual hx. Anything like this ever happen?]
- Pelvic pain [FARCOLDER. Relation to menstrual cycle]

Gyn Hx/ Sexual Hx:

- Age of menarche
- Length/regularity of cycles
- LMP (last menstrual period)
- HPV vaccination series completed?
- Sexual activity, partners
- Birth control/ STI protection
- Hx of STIs
- Ob history
- Age at Menopause any bleeding since

PMH:

PSHx:

Medications + doses:

Allergies:

Family Hx: (1st or 2nd degree relatives)

- Breast, ovarian, uterine, colon, or prostate cancer
- DM, cardiovascular disease, stroke, mental illness, addictions

Social Hx: T/E/D, abuse, home, child care, safety, occupation, education, etc

Vitals: T/HR/BP/RR/O2%

Physical Exam:

- General: NAD, appears appropriate age and weight?
- Breast: Symmetry, skin changes, masses, tenderness, nipple changes, nipple discharge, lymphadenopathy.
- Cardiac: [RRR, S1/S2 normal] optional
- Pulm: [CTAB, no wheezing] optional
- Abdomen: [Bowel sounds +, soft, nontender, nondistended] comment if midline adiposity present
- Extremities: varicosities, swelling, tenderness
- Pelvic:
  - External Genitalia: Normal appearing skin, normal appearing labia majora/minora with no visible lesions • normal appearing urethral meatus.
  - Speculum Examination: Vagina normal mucosa, no lesions, normal discharge, no bleeding, no malodor.



- Cervix: Os: Nulliparous, parous, stenotic, Cervix appears smooth, with no visible lesions, erosions, Normal appearing discharge, no malodor.
- Bimanual Examination: Vagina non-tender and without masses/nodularity, Cervix midline, smooth, normal consistency, No cervical motion tenderness, Uterus midline, anteverted or retroverted, normal size, shape and contour, mobile, no masses, non-tender, Bilateral adnexae without masses or tenderness.
- Rectovaginal when indicated: rectum: no masses, normal tone, cul de sac free no masses.

Labs: [if already performed]

Imaging: [pelvic ultrasound, etc]

Assessment: This is a \_\_\_y/o G\_P\_\_\_ LMP with a history of \_\_\_\_\_ here for \_\_\_\_\_.

Plan:

- Pap/HPV,/STI testing and cultures as indicated
- Address symptoms
- Labs: [beta-HCG, CBC, hormone levels, etc]
- Imaging: [pelvic ultrasound, CT scan, etc]
- Follow up: [further consultations and or biopsies as needed).