

Date _____

Demographics

Name (Last, First)					
Street Address					
City		State			Zip
Home Telephone		()	Work Telephone		()
Date of Birth		Occupation			
Marital Status		Single	Married	Separated	Divorced
		Widowed		Common-law	Race
Spouse's Name			e-mail:		

Present Symptoms

Main Reason for Visit					
Symptoms (circle any that apply)	General/Constitutional	Weight loss	Weight gain	Fever	Night sweats
	Eyes	Double vision	Tearing	Blind spots	Eye pain
	Ears/Nose/Mouth/Throat	Headaches	Dizziness	Lightheadedness	Nose bleeding
		Dental difficulties	Bleeding gums	Dentures	Neck stiffness
		Neck tenderness	Neck mass		
	Cardiovascular	Chest pain	Irregular heart beat	Fainting	Shortness of breath with exertion
		Shortness of breath lying down	Shortness of breath when waking at night		
		Swelling	High blood pressure	Heart murmur	Varicosities
		Painful extremity with movement		Phlebitis	
	Respiratory	Wheezing	Cough	Coughing blood	Respiratory infections
		Pain with deep inspiration		Tuberculosis	
	Gastrointestinal	Poor appetite	Difficulty swallowing	Indigestion	Abdominal pain
		Burping	Nausea	Vomiting	Vomiting blood
	Diarrhea	Abnormal stools	Flatulence	Hemorrhoids	
	Recent changes in bowel habits				
Genitourinary	Urgency	Frequency	Painful urination	Getting up at night to urinate	
	Blood in Urine	Frequent urination	Lack of urine	Stones	
	Urinary infections	Nephritis	Vaginal discharge	Venereal disease	
Musculoskeletal	Joint pain	Limitation of motion	Muscular weakness	Muscle cramps	
Skin/Breast	Rash	Itching	Pigmentation	Changes in hair growth or loss	
	Breast lumps	Breast tenderness	Breast swelling	Nipple discharge	
Neurologic	Convulsions	Paralysis	Tremor	Incoordination	
	Difficulties with memory or speech		Sensory or motor disturbances		
	Problem with muscular coordination				
Psychiatric	Nervousness	Emotional problems		Anxiety	
	Previous psychiatric care	Hallucinations		Depression	
Endocrine	Increased water intake		Hormone therapy	Abnormal growth	
	Intolerance to heat or cold				
Hematology/Lymphatic	Anemia	Bleeding tendency	Previous transfusions and reactions	Rh incompatibility	
	Lymph node enlargement or tenderness				
Allergic/Immunologic	Reactions to drugs		Reaction to food	Reaction to insects	

Provider Notes

Female Genitourinary and Physical Examination

Constitutional	*Vital Signs	BP (sitting): ____/____ BP (standing): ____/____ BP (supine): ____/____ Pulse: ____ regular / irregular Respirations: ____ Height: _____ Weight: _____
	*General Appearance	____ normal development and nutrition ____ normal body habitus ____ no deformities ____ good attention to grooming ____ abnormal:
Head and Face		____ normal ____ abnormal:
Eyes		____ normal ____ abnormal:
ENT		____ normal ____ abnormal:
Neck	*Neck	____ no masses, normal appearance, symmetrical, midline tracheal position, no crepitus ____ abnormal:
	*Thyroid	____ no enlargement, tenderness, or masses ____ abnormal:
Respiratory	*Respiratory Effort	____ no retractions, normal diaphragm excursion ____ abnormal:
	*Auscultation of the Lungs	____ clear breath sounds, no adventitious sounds, no rubs ____ abnormal:
Cardiovascular	*Auscultation of the Heart	____ normal ____ abnormal:
	*Peripheral Vasc System	____ no edema, varicosities, normal pulses, warm extremities, no tenderness ____ abnormal: ____ no masses, symmetrical, no nipple discharge, no adenopathy, no skin retractions, no inflammation ____ abnormal:
Breast		____ abnormal:
Abdomen	*Abdomen	____ no masses, no tenderness ____ abnormal:
	*Hernia	____ normal ____ abnormal:
	*Liver/Spleen	____ normal ____ abnormal:
	*Hemoccult	____ negative ____ positive
Genitourinary	*Ext Genital	____ normal appearance and hair distribution, no lesions ____ abnormal:
	*Uret Meatus	____ normal size and location, no lesions, no prolapse ____ abnormal:
	*Urethra	____ no masses, tenderness, or scarring ____ abnormal:
	*Bladder	____ no fullness, masses, or tenderness ____ abnormal:
	*Vagina	____ normal appearance and estrogen effect, no discharge, lesion, cystocele, or rectocele. ____ abnormal:
	*Cervix	____ normal appearance, no lesion or discharge. ____ abnormal:
	*Uterus	____ small size, normal contour, anteverted, mobile, non-tender, well supported uterus. ____ abnormal:
	*Adnexae parametria	____ no masses, tenderness, or nodularity. ____ abnormal:
	*Anus Perineum	____ normal ____ abnormal:
*Digital rectal exam	____ normal tone, no hemorrhoids, or masses. ____ abnormal:	
Lymphatic		____ no lymphadenopathy ____ abnormal:
Musculoskeletal		____ normal ____ abnormal:
Extremities		____ normal ____ abnormal:
Skin	*Skin Lesions	____ no rashes, lesions, or ulcers ____ abnormal:
	*Orientation	____ normal ____ abnormal:
Neurological/ Psychiatric	*Mood	____ normal ____ abnormal:
	Notes	

