

Gyn Exam Form

| | | | | | |
|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | Reshma Siya | Emirates ID | : | 784-6478-3648736-8 |
| File No | : | 4 | DOB | : | 1995-05-21 |
| Nationality | : | Other | | | |
| Gender | : | Female | Doctor's Name | : | Gyenec Test |
| Date | : | 2024-03-05 | | | |

FAMILY HISTORY:

Has anyone in your family had trouble with the following? Include mother (M), father (F), brother (B), sister (S), aunt (A), uncle (U), grandmother (GM), grandfather (GF).

| | No | Yes | Not Sure | Who |
|----------------------------|-----------------------|-----------------------|-----------------------|-----|
| Anemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Bleeding problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Breast disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Cancer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| GYN cancer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| High Blood Pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Stroke | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Heart attack before age 50 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Other Hereditary disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

MEDICAL HISTORY - Information about you

| | No | Yes | Now | | No | Yes | Now |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Anemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blurred vision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Blurred vision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Breast surgery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Headaches/frequent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Breast lump/discharge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Migraine headaches | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | High blood pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stroke | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Severe depression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shortness of breath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Severe mood changes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart murmur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychiatric problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart disease/problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Asthma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cancer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Varicose veins | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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|------------------------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| Lung disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blood clots | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Liver disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Redness and pain in leg | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gallbladder problems Urinary tract | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | infections() | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Alcohol use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| # of cigs day | | | | # drinks/day | | | |
| how long? | | | | # drinks/wk | | | |
| Recreational drug use() | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eating disorder() | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Regular exercise () | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |

GYN HISTORY

| | | | |
|---------------------------|-----------------------|-----------------------|----------------------|
| | No | Yes | When (Date) |
| Pelvic tumors/fibroids | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Pelvic infections (PID) | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Pelvic surgery | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Abnormal pap report | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Result | | | |
| Vaginal infections | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Unusual vaginal bleeding | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Unusual vaginal discharge | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| Hepatitis B vaccine | <input type="radio"/> | <input type="radio"/> | |
| Pregnancy/abortion() | <input type="radio"/> | <input type="radio"/> | 3/5/2024 12:00:00 AM |
| 1. | 2. | 3. | |

| | | | |
|-----------------------------|----------------------|------------------------|--|
| First day of last menstrual | | Was last period normal | <input type="radio"/> Yes <input type="radio"/> No |
| Last pap date | 3/5/2024 12:00:00 AM | result | |

| | | | | | |
|------------------------|--|-------------|--|---------------|------|
| Periods started at age | | Occur every | | days Duration | days |
|------------------------|--|-------------|--|---------------|------|

| | | | | | | |
|-------------|-------------------------------|---------------------------------|-----------------------------|--------------------------------|-----------------------------|-------------------------------|
| Periods are | <input type="radio"/> regular | <input type="radio"/> irregular | <input type="radio"/> light | <input type="radio"/> moderate | <input type="radio"/> heavy | <input type="radio"/> painful |
|-------------|-------------------------------|---------------------------------|-----------------------------|--------------------------------|-----------------------------|-------------------------------|

| | | | |
|---------------------------------------|---------------------------|-----------------------------|--|
| Do you do a breast self exam monthly? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Have you ever had sexual intercourse | <input type="radio"/> Yes | <input type="radio"/> No | |
| If Yes, | <input type="radio"/> Men | <input type="radio"/> Women | |

| | | | |
|--|--|--|--|
| Number of sexual partners within past two years? | | Length of time with current or most recent sexual partner? | |
|--|--|--|--|

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|--------------------------|---------------------------|--------------------------|
| Condom protection always | <input type="radio"/> Yes | <input type="radio"/> No |
|--------------------------|---------------------------|--------------------------|

| | | |
|--|---------------------------|--------------------------|
| Have any of your partners been in a high risk category for HIV infection (AIDS)? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|---------------------------|--------------------------|

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|---------------------------|--|-----------|--|-------------|--|------------------------|--|
| More than one partner(s)? | | Bisexual? | | Used drugs? | | History of other STD's | |
|---------------------------|--|-----------|--|-------------|--|------------------------|--|

| | | |
|---|---------------------------|--------------------------|
| Have you had unprotected sex (no condoms) since your last menstrual period? | <input type="radio"/> Yes | <input type="radio"/> No |
| Any missed birth control pills? | <input type="radio"/> Yes | <input type="radio"/> No |
| What are you doing now to protect yourself from HIV (AIDS)/STDs/Hepatitis B or C? | | |
| How many times have you used condoms in the last 10 acts of intercourse? | | |

Have you ever had any of the following:

| | | |
|---------------------|-----------------------|-----------------------|
| | Yes | No |
| Chlamydia | <input type="radio"/> | <input type="radio"/> |
| Gonorrhea | <input type="radio"/> | <input type="radio"/> |
| Genital Warts (HPV) | <input type="radio"/> | <input type="radio"/> |
| Herpes (HSV) | <input type="radio"/> | <input type="radio"/> |
| Hepatitis B | <input type="radio"/> | <input type="radio"/> |

Any other pertinent history or concerns :

Pre-exam education :

☐ GYN exam film ☐ Contraception film ☐ STD film ☐ Breast Film

Current medications : bbnbn

| | |
|--|---|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| Patient | Doctor |
| | <div></div> |
| Patient Name Reshma Siya Date 2024-03-05 | Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-03-05 |

