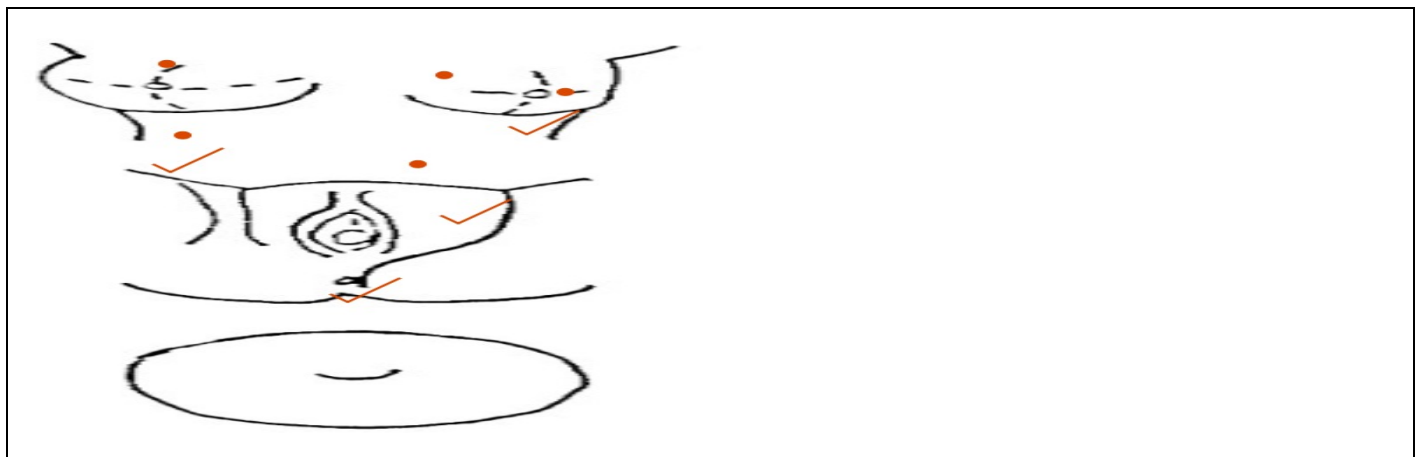


## Physical Exam Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Gyenec Test
			Date	:	2024-02-10

Ht.D	Wt.DD	BP	Pulse D	ThyroidD
Lungs D		Heart D		
Abdomen D	Extremities D		Other D	
Tatoos	D			
<u>Breasts</u>				
R: NI Abnl Fibrous Cystic mass D/C Describe	D			
L: NI Abnl Fibrous Cystic mass D/C Describe	DD			
<u>Pelvic</u>				
External genitalia : NI Abnl Vulvitis Folliculitis Condyloma Herpes Bartholins cyst Lice/nits Other: Describe	D			
BUS: NI Abnl Vulvitis Folliculitis Condyloma Herpes Bartholins cyst Lice/nits Other: Describe	D			
Vagina : NI Abnl D/C Condyloma Other: Describe	D			
Cervix: NI Abnl Cervicitis Erosion Eversion Cyst Polyp Herpes Condyloma Mucopurulent D/C Cervical motion tenderness Other:	D			
Uterus: NI Abnl Enlarged Smooth Nodular Mass Ant/post ML R L Other:	D			
Adnexal: R:N1 Abnl Tender mass Describe	D			
L:NI Abnl Tender mass Describe	D			
Rectal: NI Abnl Blood Hemorrhoid Fissure Mass Other:	D			





Tests

PapD	Chlamydia D	GC D	Tzanck D	KOH D	SalineD
HCG	U/A DD	CBC D	Acetic Acid (HPV) D	Other D	

ASSESSMENT	D
PLAN: Birth Control Method:	D
Other Treatment:	D
Follow Up:	D

HEALTH EDUCATION:

<input checked="" type="checkbox"/> BSE instruction	<input checked="" type="checkbox"/> BCP newstart/renewal/restart/BCP consent	<input checked="" type="checkbox"/> BC complications	<input checked="" type="checkbox"/> ECP	<input checked="" type="checkbox"/> Depo Provera
<input checked="" type="checkbox"/> HIV risk factors	<input checked="" type="checkbox"/> STD information	<input checked="" type="checkbox"/> Safer sex	<input checked="" type="checkbox"/> Smoking cessation/alcohol	<input checked="" type="checkbox"/> Osteoporosis prevention
<input checked="" type="checkbox"/> Diaphragm instruction	<input checked="" type="checkbox"/> Info for condoms/etc.s	<input checked="" type="checkbox"/> Nutrition/exercise	<input checked="" type="checkbox"/> Domestic Violence	<input checked="" type="checkbox"/> Other

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna  Date 2024-02-10 13:30	Doctor Name Gyenec Test - Gynaecology (S6)  Date 2024-02-10 13:30