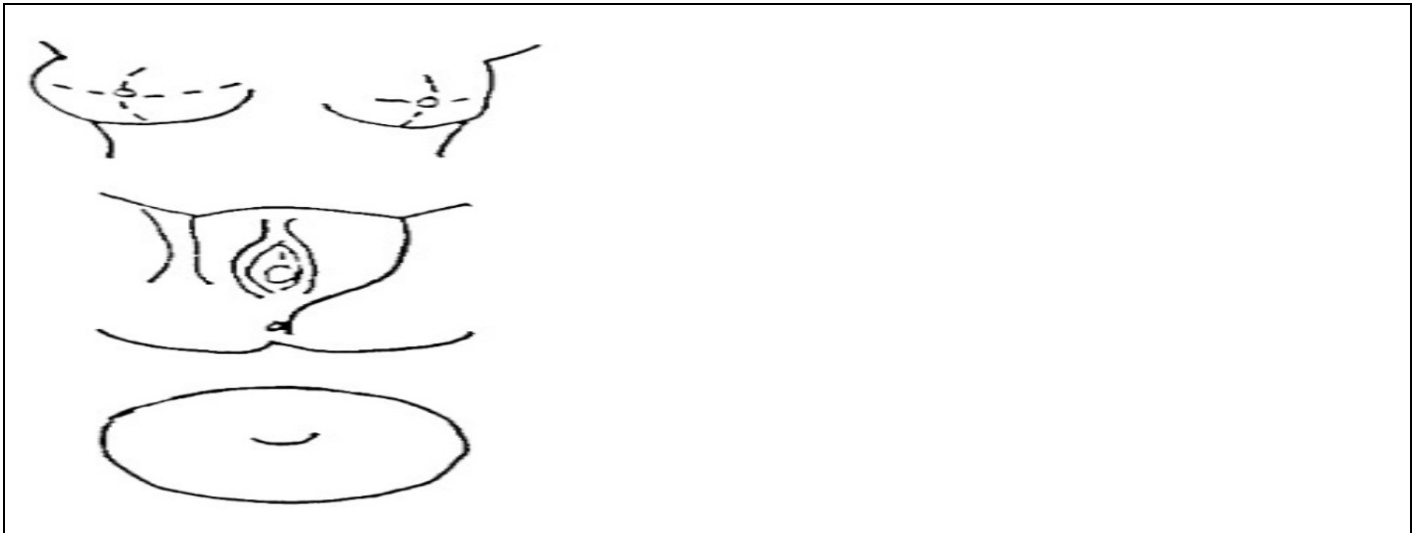


Physical Exam Form

| | | | | | |
|--------------|---|-------------|---------------|---|--------------------|
| 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 | : | 2024-02-29 | | | |

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



Tests

| | | | | | |
|-----|-----------|----|--------|-----|--------|
| Pap | Chlamydia | GC | Tzanck | KOH | Saline |
|-----|-----------|----|--------|-----|--------|

| | | | | |
|-----|-----|-----|-------------------|-------|
| HCG | U/A | CBC | Acetic Acid (HPV) | Other |
|-----|-----|-----|-------------------|-------|

ASSESSMENT

PLAN: Birth Control Method:

Other Treatment:

Follow Up:

HEALTH EDUCATION:

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

| | |
|--|--|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| | <div></div> |
| Patient Name Reshma Siya Date 2024-02-29 (10:30 - 10:45) | Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-29 (10:30 - 10:45) |

