

Physical Exam Form

Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21	

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: yuiyi

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 style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>

<div>Patient Name</div> <div>Alston Rebello</div> <div>Date</div> <div>2025-02-21 (09:15 - 09:30)</div>	<div>Doctor Name</div> <div>Alan Alfred - Dental (15245565544445)</div> <div>Date</div> <div>2025-02-21 (09:15 - 09:30)</div>
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