# 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 | : | 2024-02-28 |

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 | ○ | ○ | ○ | |
| Bleeding problem | ○ | ○ | ○ | |
| Breast disease | ○ | ○ | ○ | |
| Cancer | ○ | ○ | ○ | |
| GYN cancer | ○ | ○ | ○ | |
| Diabetes | ○ | ○ | ○ | |
| High Blood Pressure | ○ | ○ | ○ | |
| Stroke | ○ | ○ | ○ | |
| Heart attack before age 50 | ○ | ○ | ○ | |
| Other Hereditary disease | ○ | ○ | ○ | |

MEDICAL HISTORY - Information about you

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

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

GYN HISTORY

| | No | Yes | When (Date) |
|---|---|---|---|
| Pelvic tumors/fibroids | ○ | ○ | 2/28/2024 12:00:00 AM |
| Pelvic infections (PID) | ○ | ○ | 2/28/2024 12:00:00 AM |
| Pelvic surgery | ○ | ○ | 2/28/2024 12:00:00 AM |
| Abnormal pap report | ○ | ◉ | 2/28/2024 12:00:00 AM |
| Result | | | |
| Vaginal infections | ○ | ○ | 2/28/2024 12:00:00 AM |
| Unusual vaginal bleeding | ○ | ○ | 2/28/2024 12:00:00 AM |
| Unusual vaginal discharge | ○ | ○ | 2/28/2024 12:00:00 AM |
| Hepatitis B vaccine | ○ | ○ | |
| Pregnancy/abortion( ) | ○ | ○ | 2/28/2024 12:00:00 AM |

| | | |
|---|---|---|
| 1. | 2. | 3. |

| | | | |
|---|---|---|---|
| First day of last menstrual | | Was last period normal | ○Yes ○No |
| Last pap date | 2/28/2024 12:00:00 AM | result | |

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

| | | | | | | |
|---|---|---|---|---|---|---|
| Periods are | ○regular | ○irregular | ○light | ○moderate | ○heavy | ○painful |

| | | | |
|---|---|---|---|
| Do you do a breast self exam monthly? | ○Yes | ○No | |
| Have you ever had sexual intercourse | ○Yes | ○No | |
| If Yes, | ○Men | ○Women | ○Both |

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

| | | |
|---|---|---|
| Condom protection always | ○Yes | ○No |

| | | |
|---|---|---|
| Have any of your partners been in a high risk category for HIV infection (AIDS)? | ○ Yes | ○ No |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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? | ○ Yes | ○ No |
| Any missed birth control pills? | ○ Yes | ○ 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 | ○ | ○ |
| Gonorrhea | ○ | ○ |
| Genital Warts (HPV) | ○ | ○ |
| Herpes (HSV) | ○ | ○ |
| Hepatitis B | ○ | ○ |

Any other pertinent history or concerns :

Pre-exam education :

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

Current medications :

| Sign here, only if all of your questions have been answered to your satisfaction | |
|---|---|
| Patient | Doctor |
| | |
| Patient Name<br>Reshma Siya<br><br>Date<br>2024-02-28 | Doctor Name<br>Gyenec Test - Gynaecology (S6)<br><br>Date<br>2024-02-28 |