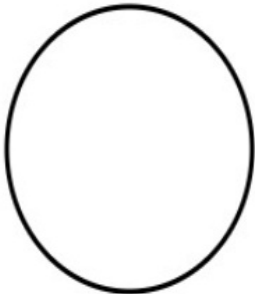



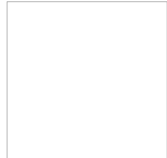
Colposcopy Form

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

NURSE TRIAGE:			H:	W:	BP:	T:	P:	R:	
Allergies:									
Smoker?			<input type="radio"/> Yes			<input type="radio"/> No			
HISTORY:									
Patient Age :27			Reason for Colposcopy						
Date and results of last Pap			10-February-2024						
Is Patient on: ASA?Coumadin?Other anticoagulant/antiplatelet med?									
Allergic to:			<input type="checkbox"/> Latex?		<input type="checkbox"/> Iodine?		<input type="checkbox"/> Aspirin or NSAIDs?		
Date of Last Normal Menses			10-February-2024		Method of contraception				
G	P	Pregnant now?		<input type="radio"/> Yes		<input type="radio"/> No			
History of previous colposcopy? Results?									
Previous cervical cryotherapy, cone biopsy or LEEP?									
History of (circle):		<input type="checkbox"/> Genital warts?		<input type="checkbox"/> HIV?		<input type="checkbox"/> HPV?		<input type="checkbox"/> Other STD?	
Premedication(circle):		<input type="checkbox"/> None		<input type="checkbox"/> ibuprofen 800mg		<input type="checkbox"/> alprazolam 0.5mg		<input type="checkbox"/> Other	
PROCEDURE:									
Vulvar/Vaginal findings									
Satisfactory colposcopy?(entire TZ and extent of lesion visualized?)				<input type="radio"/> Yes			<input type="radio"/> No		

	<p>Diagram Key:</p> <p>Original squamous epithelium = S</p> <p>Columnar epithelium = C</p> <p>Squamocolumnar junction = SCJ</p> <p>Nabothian cyst = N</p> <p>Gland opening = G</p> <p>Leukoplakia = L</p> <p>Acetowhite epithelium = AW</p> <p>Punctuation = P</p> <p>Mosaicism = M</p> <p>Atypical vessels = Av</p>
---	--

Cervical lesions/Biopsy sites :			
Location (oâ€™clock)		REID index (see back of form)	
A:			
B:			
C:			
Endocervical sampling?	<input type="checkbox"/> N/A	<input type="checkbox"/> Cytobrush	<input type="checkbox"/> Curettage
COLPOSCOPIC IMPRESSION: (circle one - based on most severe lesion)	<input type="checkbox"/> Normal	<input type="checkbox"/> Low Grade (CIN 1)	<input type="checkbox"/> High Grade (CIN 2 or 3) <input type="checkbox"/> Cancer

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