

## Physical Exam 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	:	2024-01-31			

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



Tests

Papa	Chlamydia a	GC a	Tzanck a	KOH a	Salinea
HCGa	U/A a	CBC a	Acetic Acid (HPV) a	Other a	

ASSESSMENT

a

PLAN: Birth Control Method:

a

Other Treatment:

a


Follow Up:

a

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 2024-01-31 13:15	Doctor Name Gyenec Test - Gynaecology (S6)  Date 2024-01-31 13:15

