

## Gyn 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	:	2024-02-10

### 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bleeding problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Breast disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
GYN cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Heart attack before age 50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Hereditary disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### MEDICAL HISTORY - Information about you

	No	Yes	Now		No	Yes	Now
Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breast surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/frequent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breast lump/discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe mood changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart murmur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart disease/problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Varicose veins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood clots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness and pain in leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallbladder problems Urinary tract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	infections( )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
# of cigs day				# drinks/day			
how long?				# drinks/wk			
Recreational drug use( )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eating disorder( )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular exercise ( )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

GYN HISTORY

	No	Yes	When (Date)
Pelvic tumors/fibroids	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Pelvic infections (PID)	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Pelvic surgery	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Abnormal pap report	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Result			
Vaginal infections	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Unusual vaginal bleeding	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Unusual vaginal discharge	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
Hepatitis B vaccine	<input type="radio"/>	<input type="radio"/>	
Pregnancy/abortion( )	<input type="radio"/>	<input type="radio"/>	2/10/2024 12:00:00 AM
1. hjhhjj	2. ghjghjjghj		3. ghjghjhjg

First day of last menstrual

ghjghjhgj

Was last period normal

☒Yes ☐No

Last pap date

2/2/2024 12:00:00 AM

result

ghjghj

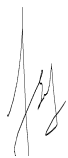
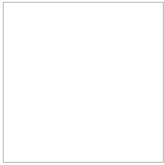
Periods started at age ghjghj

Occur every ghjghj

days Duration ghjghj days

Periods are

☒regular ☐irregular ☐light ☐moderate ☐heavy ☐painful

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	

<div>Patient Name sai krishna</div> <div>Date 2024-02-10</div>	<div>Doctor Name Gyenec Test - Gynaecology (S6)</div> <div>Date 2024-02-10</div>
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