

Physical Exam Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Gyenec Test
			Date	:	2024-02-09

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



Tests

Papg	Chlamydia g	GC g	Tzanck g	KOH g	Salinegg
------	-------------	------	----------	-------	----------

HCGg	U/A g	CBC g	Acetic Acid (HPV) g	Other
------	-------	-------	---------------------	-------

ASSESSMENT	g
------------	---

PLAN: Birth Control Method:	g
-----------------------------	---

Other Treatment:	g
------------------	---

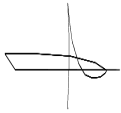
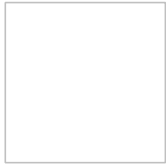
Follow Up:	g
------------	---

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 Reshma Siya Date 2024-02-09 12:00	Doctor Name Gynec Test - Gynaecology (S6) Date 2024-02-09 12:00

