

Physical 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	:	2024-03-05	

Ht.	Wt.	ВР			Pulse		Thyroid		
Lungs				Heart					
Abdomen	Extremiti	es			Other				
Tatoos	·								
<u>Breasts</u>									
R: NI Abnl Fibrous Cystic ma									
L: NI AbnI Fibrous Cystic ma									
<u>Pelvic</u>									
External genitalia: NI AbnI Vulvitis Folliculitis C Bartholins cyst Lice/nits Oth									
BUS: NI AbnI Vulvitis Folliculitis C Bartholins cyst Lice/nits Oth									
Vagina: NI AbnI D/C Condyloma Oth									
Cervix:  NI Abnl Cervicitis Erosion Education Herpes Condyloma Mucopu motion tenderness Other:									
Uterus: NI Abnl Enlarged Smoot Ant/post ML R L Other:									
Adnexal: R:N1 Abnl Tender mass Des									
L:NI AbnI Tender mass Desc									
Rectal: NI Abnl Blood Hemorrho Other:									

<u>Tests</u>											
Рар С	hlamydia	GC			Tzanck	anck		кон		Saline	
HCG	U/A	СВС			Acetic /			Acid (HPV)		Other	
ASSESMENT											
PLAN: Birth Control Method:											
Other Treatment:	999										
Follow Up:											
HEALTH EDUCATION:											
□BSE instruction	/restart/B	СР	∏ВС сог	BC complications		ПЕСР		Depo Provera			
□HIV risk factors	STD information	ı [		_Safer sex				noking ation/alcohol	∏Os	teoporosis prevention	
☐Diaphragm instruction	aphragm instruction  Info for condom				Nutrition/exercise			□Domestic Violence		Other	
									I		
	Sign here, only it	f all of you	ur ques	tions hav	ve been ansv	wered to	o yo	ur satisfaction			
		DOCTOR									
2024-(		Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-03-05 (10:30 - 10:45 )									

