



Gynecology outpatient sheet

Name _____ Age _____ G _____ P _____ Address _____ Portal _____

Complaint _____

History of present illness

Menstrual history

LMP _____ Period/cycle _____ Regularity _____ Heavy/clots _____

of pads, tampons/day _____ Intermenstrual bleeding _____ PMS _____

Dysmenorrhea _____ (____/10), primary/secondary, treatment: _____

Menopause

Age at menopause _____ (natural/surgical) Menopausal symptoms _____

Hx Hormonal treatment _____

Pelvic pain

Onset of pain (time/event) _____ Site of pain (fixed, changing) _____

Type of pain _____ Duration _____ Persistence: persistent vs. intermittent

Radiation of pain _____ Pain in other spots _____

Factors reducing pain: resting, meds, bowel movement, others: _____

Factors exacerbating pain: activity, standing, sitting, others: _____

Survey of genital infection

Discharge: YES/NO Color _____ Amount _____ Odor _____ Itching _____

Episodes per year _____ Prior diagnosis _____ diagnosed made by _____

Prior treatment _____

Rash _____ Oral ulcers _____ Joint pain _____ Hx of HSV/PID _____ STDs _____

Gynecologic history

Hx of fibroids _____ Hx of ovarian cysts _____

Hx of PID; treatment, episodes _____

Last PAP _____ Hx of abnormal PAP _____

PCOS symptoms _____

Obstetric history

Sexual history

Sexual active (Yes/No): if Not, is it caused by her complaint? _____

Dyspareunia: No – Yes (superficial, deep). Pain after intercourse: No – Yes

Postcoital bleeding No –Yes Contraception _____

Urinary symptoms (pain, blood, dysfunction)

Bowel symptoms (pain, blood, dysfunction)

Past medical history

Past surgical history

Family history

Breast cancer _____ Colon cancer _____

Uterine cancer _____ Ovarian cancer _____

Recent US

Recent lab

Pathology
