

Abnormal uterine bleeding sheet

History

Personal Data

Name _____ Age _____ Tele _____
Address _____

Obstetric History

Deliveries _____ abortions _____ others _____ vaginal _____ cesarean _____
History of complications during delivery _____

History of present illness

Acuity _____
Source of bleeding: Are you sure? _____ Only after urination _____ defecation _____
with wiping _____
Age: premenopausal/postmenopausal
Pregnancy: Yes/No

Menstrual history

LMP _____ P/C _____ Periods are: - Light _____ Moderate _____ Heavy _____
Frequency _____ regularity _____ volume _____ duration _____
Associated pain and its time relation to period _____

Gynecologic History

History of: fibroid _____ Ovarian cyst _____ other pelvic lesion _____
History of pelvic pain: dysmenorrhea _____ Lower abdominal pain _____
History of abnormal PAP smear: _____

Contraceptive history

Estrogen-progestin contraceptive _____
Progestin-only contraceptives _____
Copper IUD _____
Levonorgestrel IUDs _____

Urinary History

Urgency _____ Frequency _____ dysuria _____ hematuria _____

GIT History

Diarrhea its duration _____ Constipation its duration _____ bleeding per rectum _____
Recent unintentional weight loss _____ Fatigue _____ vomiting _____
Nausea _____ Pain during defecation _____ Pain relief with defecation _____

Sexual History

Deep dyspareunia _____ superficial dyspareunia _____ Pain after intercourse _____

Medical History

Bleeding disorder _____
thyroid disease _____
Current medication :_anticoagulants _____ hyperprolactinemia medications _____
Other medications prescribed _____
Medical problems / diagnoses _____
Birth control Method/s _____

Surgical History

History of surgery specify _____
History of trauma/accident specify _____

Family History

Polyp _____ fibroid _____ adenomyosis _____
Coagulopathy _____ hyperplasia _____ Endometriosis _____
Cancer and its type _____

Examination

General

BP _____ Temperature _____ pulse _____
Weight _____ Gait _____

Abdomen

Swelling/s: specify _____

Scar/s: specify _____

Tender spot/s by deep palpation or finger pressure, specify _____

Extremities

Edema: _____ Varicosities: _____

Range of motion: _____

Pelvic examination

Inspection: for possible external bleeding _____ . Pathology (ulcer _____ , mass _____ , ...),

Palpation: for palpable pathology _____ contact bleeding

Bimanual examination: comment on the uterus: enlarged uterus _____ Uterine tenderness:

Speculum exam: visible pathology