

**DRS. LAHIRI & MESIBOV, LLC
WOMEN'S HEALTH EXAM**

Name: _____ MR# _____ DOB: _____ Date: _____

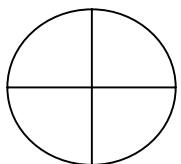
MEDICATIONS: _____ ALLERGIES: _____

Menstrual Hx: LMP: _____ Cycles: reg irreg Length of cycle: _____ days Duration of flow: _____ days # pads or tampons used each day of heaviest flow: _____ Painful periods? Yes No Last Pap: _____ nml abnml Last Mammo: _____ Hysterectomy – ovaries: in out
Pregnancy Hx: # Pregnancies: _____ Age at 1 st Pregnancy: _____ Live Births Ab MC SB Vaginal Deliveries: _____ C-sections: _____
Contraception: (circle) Abstinent None Oral (Pill) _____ Condoms Foam IUD Diaphragm Depo-Prov Norplant Rhythm Vas Tubal Lig. Hyst. <u>Satisfied with Current Method?</u> No Somewhat Very

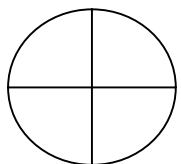
EXAM: Age: _____ Wgt: _____ # BP: ____ / ____ L R P: ____ Reg Irreg
 Check (/) if exam normal _____ / _____ L R Urine: clear other: _____

Eyes		Abdomen	
Ears		Skin	
Nose/ Pharynx		Upper Ext Lower Ext	
Thyroid	enlarged / nodules R L	Mental Status	
Lungs		Neuro	
Heart	rhythm: reg irreg S3 S4 murmur	Labia/BUS Vagina	
Spine		Cervix	Surg. absent CMT purulence polyp ectopy cm
Lymphs		Uterus	enlarged AV RF nonmobile surgically absent
Breasts	fibrocystic dominant mass(es) skin discharge axill/suprclav. Nodes SBE instructed / done	Ovaries/Adnx Pap Rectal	tender – R L enlarged – R L nonpalpable cytol. brush swab blind guaiac + --- mass

R



L



Dx:

- 1.
- 2.
- 3.
- 4.

PLAN:

- 1.
- 2.
- 3.
- 4.

- CAD Risk:** _____ Smoking
 _____ Diabetes
 _____ Lipids
 _____ MI
 _____ Known Vessel Dz
 _____ Htn
 _____ Menopause/no HRT
 _____ Obesity

- VACCINES:** _____ Tetanus
 _____ Influenza
 _____ Pneumovax
 _____ HBV

Mammo _____ Pap _____
 CXR _____ Hemocult _____
 EKG _____ Flex Sig _____