Name: **DOB/Age:**

CC: ________y.o. G_______P_______LMP_________presents with:

General:
- **Weight Changes ↑ or ↓**
- Pain
- Fatigue
- **Fever/chills**
- Changes in sleep

HEENT:
- **HA**
- Hearing Changes
- **Vertigo**
- Congestion
- **Rhinorrhea**
- Sore Throat

Respiratory:
- **Cough**/sputum
- Hemoptysis
- **SOB**
- **Wheezing**
- Pleuritic pain

Cardio:
- **Palpitations**
- **Diaphoresis**
- Orthopnea
- **Syncope**
- Edema
- Claudication
- **Angina**/Pain

GI:
- **Nausea**
- **Vomiting**
- **Diarrhea**
- **Constipation**
- **Appetite changes**
- Bleeding
- Pain

Endocrine:
- Hot/cold intolerance
- Sweating
- Polyuria
- Polydipsia
- Bleeding

MSK:
- Muscle/Back/J**oint - pain or** stiffness
- **Swelling** of joints

Dermatology:
- **Rashes/**Moles
- **Itching**/dryness
- **Hair loss**
- **Acne**

Psych:
- **Depression**
- Anxiety
- **Sleep**

Neurologic:
- **Dizziness**/fainting
- Seizures
- **Visual Changes**
- Numbness/tingling
- Tremor
- Balance instability

Urinary:
- **Frequency**
- Urgency
- **Dysuria (pain vs. burn)**
- Flank pain
- **Hematuria**
- Incontinence

GU:
- Pain w/ sex
- Discharge (color:_______odor:________frequency:_____)
- Dryness
- Pelvic Pain
- Itching +/- lesions, rashes, etc.
- Heavy menses +/- clots
- Bleeding (intermenstrual or postcoital)
- Dysmenorrhea or Amenorrhea

Breast:
- Mass
- Discharge (blood, galactorrhea, etc.)
- Pain
- Discoloration
- h/o breast cancer or abnormal mammogram

GYN History

Menses: Menarche age _________ Last Menses ________________________________ Cycle Length ____________________________ # tampons/pads per day:________________.

Contraception: Current ____________________________________ Past ______________________________ Desired ____.

STD hx *(Chlamydia, CTV, Gonorrhea, HSV, Syphilis):* _______________ Last Pap/HPV: ______________________________ h/o abnormal pap ____.

Menopause: Age____________________________________ Last Mammogram ______________________________ Last Colonoscopy __________________________________.

OB History

Previous Pregnancies: G________ P_______ Full Term _______ Preterm _______ Abortions _______ Living _______ Vaginal Deliveries: ______________________C-sections_______________.

Last OB apt.__________________with (provider):______________________.

Previous Pregnancy Complications:
- Anemia
- HTN (chronic or gestational)
- Preeclampsia/eclampsia
- DM (chronic or gestational)
- Multiple gestation
- Premature delivery
- Stillbirth
- Immediate neonatal death
- Other:

Pregnancy Check-list:
- Dated w/ LMP or U/S?
- Genetic Testing:
- Anatomy U/S:
- 1 hr. GCT:
- Preventative: TDAP__, Flu__, Rhogam____
- GBS/GCCT/3rd Trimester Labs:
- Fetal Movement:
- Contractions:
- LOF or abnormal d/c:
- Delivery Plan:
- Breast Feeding:
- Contraception:

Postpartum Office Visit:
- Time since delivery: _____________
- Type of delivery: ______________
- Outcome:
- Bleeding:
- Bowel function:
- Bladder function:
- Sexually active again? _____________
  (2-4 wks. post vaginal vs. 6 wks. C/S if no complications)
- Contraception:
- Post-Partum Depression SSx:
- Tubal Ligation:
- Delivery complications:

Post-Op/Postpartum Assessment:
- POD #_____ s/p ________________________________ secondary to_________________________________
- Pain: ______ Requiring Meds?______ Scale1-10:________
- Eating/Drinking
- Passing gas
- Last bowel movement ____ +/- Constipation or Diarrhea
- Urinating: ____ +/- Dysuria or hematuria
- Vaginal bleeding: less/same/greater than lochia
- Chest Pain or SOB or HA or Fever/Chills
- Nausea/Vomiting
- Ambulating
- Did they tear (Vag delivery)?
- How is baby (NICU, in room, etc.)? Does baby boy need circ?

Labor & Delivery

Baseline/Avg. **Fetal HRT** _________ (normal 120-160) with absent/minimal/moderate variability **Accelerations** present/absent. **Decelerations** present/absent. **TOCO** (# of contractions/time frame): q_____min. BPP ___/8. AFI ____/2. Movement ___/2. Tone ___/2. Breathing > 30s____/2.

Mag Check:
- Pt is on ______ gm/hr. Magnesium.
- Denies/Endorses: HA, Visual Changes, RUQ pain, CP, SOB, Vaginal Bleeding.
- Pain _______ controlled.
- Monitor BP. Monitor for s/sx of mag toxicity. Monitor for s/sx of worsening preeclampsia.

PMH:

PSHx: (esp. any abdominal surgeries)

FH:
- Birth defects (cleft lip/palate, "holes in the heart")
- Mental retardation
- Bleeding disorders
- Trisomy 21
- Breast, ovarian, endometrial, colon cancer

SH:
Lives with:
Occupation:
Relationship:
Domestic Violence:
Exercise:

HRB:
Tobacco:
Alcohol:
Drugs:
Sex:

Meds: (Dose, frequency, route)

Physical Exam **BP:** **Pulse:** **RR:** **Temp:** **SaO2:** **BMI:** **UOP (# of voids & amount):** **Foley:** Y/N

General: Alert and oriented. No acute distress. Well appearing. Interactive.
HEENT: Normocephalic, atraumatic. Pupils equal round and reactive. Normal conjunctiva.
Neck: Supple**.** No JVD. Normal range of motion.
Cardiovascular: Regular rate and rhythm. Normal S1, S2. No murmur, rub, or gallop. Intact peripheral pulses. Capillary refill < 2s.
Pulmonary/chest: No chest wall tenderness. Normal effort. Clear to auscultation bilaterally. No wheezes, rales, or rhonchi.
Abdominal: Soft, nontender, nondistended. ***Normal bowel sounds!*** No guarding.
Musculoskeletal: No edema. Full range of motion. Normal tone.
Neurological: A & O ×3. No focal neurologic deficits**.** Reflexes symmetric, sensation nl, strength nl, gait nl. ***(reflexes on Mag Check)!***

Skin: Skin is warm and dry. Intact, no rashes, lesions, erythema. ***(Check incision site)!***
Psychiatric: Normal mood and affect.
Pelvic Exam: Normal external female genitalia. Urethral meatus, urethra, anterior & posterior vaginal walls are normal in appearance. There is good pelvic support with no evidence of prolapse. **Cervix**: normal in appearance without lesions. No CMT. **Perineum**: without lesion
Bimanual Exam: The uterus is small, mobile, non-tender, no adnexal masses are palpated.
Breast: Symmetric. No masses, tenderness, redness, skin changes, nipple retractions, or nipple discharge bilaterally. No clavicular or axillary adenopathy bilaterally.

Labs: (give pre and post-op creatine levels w/ Hgb for Dr. Burke + (pre-& post-op Hgb values)

Imaging:

Assessment/Plan: