milcom Healthcare
A Division of Briggs Corporation

Gynecology Health History

ID No.: _____

For Office Use Only, please print and take it with you to the office

Today's Date: ____/____/____

INITIAL PHYSICAL EXAM

1. Height _____
2. Weight _____
3. Blood Pressure _____

Pelvic Exam	Normal	Abn.	N.E.
4. Ext. Genitalia			
5. Urethral Meatus			
6. Urethra			
7. Bladder			
8. Vagina			
9. Cervix			
10. Uterus (describe)			
11. Adnexa/Parametria			
12. Rectum (Digital Exam)			
13. Anus and Perineum			
14. Other			

General Physical	Normal	Abn.	N.E.
15. Skin			
16. HEENT			
17. Neck			
18. Chest			
19. Breasts			
20. Heart			
21. Lungs			
22. Abdomen			
23. Musculoskeletal			
24. Extremities			
25. Neurological			

N.E. = Not Evaluated

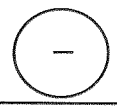
Nutritional Assessment

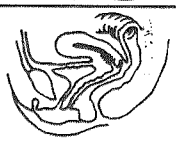
26. Not performed ..... ☐
27. Apparently adequate ..... ☐
28. Apparently inadequate ..... ☐
29. Excessive caloric intake ..... ☐

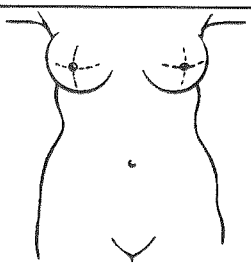
Check and detail all positive findings below. Use system numbers.

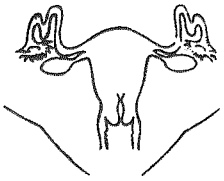
LABORATORY PROCEDURES

Test	Date	Result
30. Hgb	/	
31. Hct	/	
32. WBC	/	
33. Differential	/	
34. Pregnancy Test	/	
35. Urinalysis	/	
36. HIV	/	
37. Gonorrhea	/	
38. Chlamydia	/	
39. HSV	/	
40. VDRL Serology	/	
41. Hepatitis ___	/	
42. Pap Test	/	
43. Wet Mount	/	
44. Culture	/	
45. Stool Occult Blood	/	
46. Blood Glucose	/	
47. Cholesterol	/	
48. Thyroid Screen	/	
49. Biopsy	/	
50. Mammogram	/	
51.	/	
52.	/	
53.	/	
54.	/	









Diagnosis and Treatment Plans

Next Appointment: ____ /____ /____ Signature: _____