

Name: _____ DOB: _____ Date: _____

What would you like to discuss with the doctor today? _____

What medication refills do you need today? _____

No Changes Annual exam with problems Annual exam without problems

PAST CURRENT

- GENERAL**
 Unexplained weight change
 Fever
 Fatigue

- PSYCHIATRIC**
 Memory loss or confusion
 Depression
 Thoughts of harming yourself or others

- HEAD**
 Eye disease or glaucoma
 Wear glasses/ contact lenses
 Visual problems
 Hearing loss or ringing
 Earaches or drainage
 Chronic sinus problems
 Nose bleeds
 Mouth sores or bleeding gums
 Bad breath or bad taste
 Sore throat or voice change
 Swollen glands in neck

- SKIN, BREAST**
 Rash or itching
 Change in skin color
 Change in hair or nails
 Varicose veins
 Breast pain
 Breast lump
 Breast discharge
 Do you do self-breast exams monthly Yes/No
 Staph/MRSA infection

- RESPIRATORY**
 Chronic or frequent cough
 Coughing up blood
 Shortness of breath
 Asthma or wheezing
 Emphysema
 TB (Tuberculosis)

- CARDIOVASCULAR**
 Heart murmur
 Chest pain or angina
 Racing heart or irregular heart beat
 Shortness of breath
 High blood pressure
 Heart trouble

- GYNECOLOGIC**
 Sexual difficulty or pain with intercourse
 Heavy periods
 Irregular periods
 Vaginal discharge
 Last menstrual period _____
 Feels like your vagina/uterus is falling out at times
 Hot flashes
 Night sweats

PAST CURRENT

- GASTROINTESTINAL**
 Change in bowel movements
 Nausea or vomiting
 Frequent diarrhea
 Painful bowel movements or constipation
 Rectal bleeding
 Abdominal pain or heartburn
 Peptic ulcer (stomach or duodenal)
 Undesired loss of stool or gas
 History of hepatitis
 Colon cancer
 Colon polyps

- BLADDER AND KIDNEYS**
 Frequent bladder infections (more than 2 per year)
 Frequent urination
 Burning or painful urination
 Blood in urine
 Urgency of urination
 Undesired loss of urine
 Kidney stones

- HEMATOLOGIC (BLOOD)**
 Slow to heal after cuts
 Bleeding or bruising tendency
 Anemia
 Blood clots
 Past transfusion
 Enlarged glands

- MUSCULOSKELETAL**
 Joint pain
 Joint stiffness or swelling
 Weakness of muscles or joints
 Muscle pain or cramps
 Back pain
 Difficulty in walking
 Limited mobility of arms or legs

- NEUROLOGICAL**
 Frequent headaches
 Light-headed or dizzy spells
 Convulsions or seizures
 Numbness or tingling sensations
 Tremors or paralysis
 Stroke
 Head injury

- ENDOCRINE**
 Thyroid disease
 Diabetes
 Excessive thirst or urination
 Heat or cold intolerance
 Gland problems

- INFECTIOUS**
 HIV/Aids
 Staph infection in the past

RENA AZAR, MD

Name:

Age:

DOB:

Ht _____ Wt _____ B/P _____ P _____ T _____ BMI _____

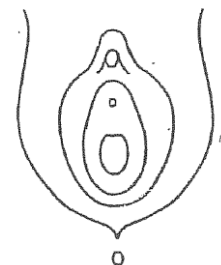
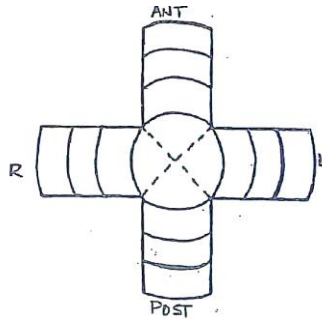
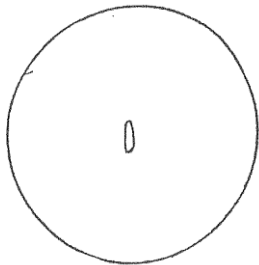
Date:

<p>General WNL- no distress, not excessively thin or obese, not ill looking, appropriate grooming</p> <p>Psych WNL- A&O x3, nl eye contact, no flat affect, appropriate response, no ticks, nl mood & memory</p> <p>Skin WNL- nl turgor/color/tone, no rashes, lesions, bruising, jaundice</p> <p>ENMT WNL -Eyes no exudates, erythema, discoloration</p> <p>PERRLA, nl size/symmetry, Ears-nl ext appearance, no erythema, exudates, TM injection, nl apparent hearing., Nose-nl mucosa no crusting, ulceration or erythema, septum</p> <p>Mouth-no lesions, ulcer, exudate, lip/gum swelling, good dentition, Throat-nl palate, tongue</p> <p>Neck WNL-no JVD, bruits, adenopathy, thyromegaly, nodules, rigidity</p> <p>Heart WNL-RR&R w/o murmur, thrill, rub, heave, chest pain to palpation, no barrel/pigeon shape, nl carotid, femoral & pedal pulses, nl abd aorta palpation, no bruits or edema</p>	<p>Abnormalities/Comments</p>	<p>Resp WNL-lungs w good breath sounds B/L, no wheezing, rales or use of accessory muscles</p> <p>Breast WNL-SBE taught, no masses, nipple dc or inversion, adenopathy, skin change</p> <p>Abdomen WNL-nontender, no masses, organomegaly, hernia or adenopathy noted, nl bowel sounds</p> <p>Genet WNL -no lesions, bleeding, tenderness: vulva/perineum, perirectal area/rectal exam</p> <p>___ hemocult ___/4 sphincter tone urethra/bladder wall/vagina specul ___ BME uterus ___position size nl Adnexa palp/nonpalpable size nl</p> <p>Musc Skel WNL-nl gait, no asymm, masses nl ROM of head, neck, spine, pelvis, extremities</p>	<p>Abnormalities/Comments</p>
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Procedure

Colposcopy/LEEP: Reason for testing:

Risk factors for cervical cancer? Y/N Previous treatments for dysplasia:



SCJ: satisfactory/unsatisfactory

Clinical Impression:

Bx:

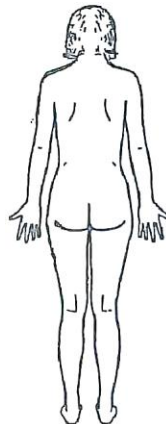
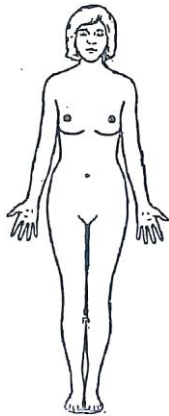
ECC:Y/N

AgNO3: Y/N

Lesion Removal/Biopsy/I&D:

Description: type size color border

Removal by: KP Exc EC Sh I&D CC



Pellet Insertion:

site: Rt/Lt

Pellets placed:

Lot/Exp:

EMB/ IUD insertion:

Stenotic cervix? Y/N

Cervical dilation:

Cervical Block:

Pessary Insertion:

Size:

Type:

Meds given prior to procedure: _____

Hemostasis: Suture _____

AgNO3 Monsels Pressure

EBL: _____

RENA AZAR, MD