

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 \_\_\_\_\_

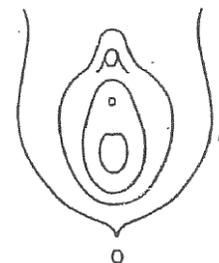
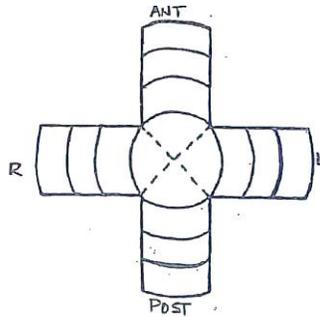
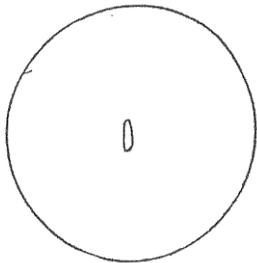
Date:

<p><b>General WNL</b>- no distress, not excessively thin or obese, not ill looking, appropriate grooming</p> <p><b>Psych WNL</b>- A&amp;O x3, nl eye contact, no flat affect, appropriate response, no ticks, nl mood &amp; memory</p> <p><b>Skin WNL</b>- nl turgor/color/tone, no rashes, lesions, bruising, jaundice</p> <p><b>ENMT WNL</b> -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><b>Neck WNL</b>-no JVD, bruits, adenopathy, thyromegaly, nodules, rigidity</p> <p><b>Heart WNL</b>-RR&amp;R w/o murmur, thrill, rub, heave, chest pain to palpation, no barrel/pigeon shape, nl carotid, femoral &amp; pedal pulses, nl abd aorta palpation, no bruits or edema</p>	<p><b>Abnormalities/Comments</b></p>	<p><b>Resp WNL</b>-lungs w good breath sounds B/L, no wheezing, rales or use of accessory muscles</p> <p><b>Breast WNL</b>-SBE taught, no masses, nipple dc or inversion, adenopathy, skin change</p> <p><b>Abdomen WNL</b>-nontender, no masses, organomegaly, hernia or adenopathy noted, nl bowel sounds</p> <p><b>Genet WNL</b> -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><b>Musc Skel WNL</b>-nl gait, no asymm, masses nl ROM of head, neck, spine, pelvis, extremities</p>	<p><b>Abnormalities/Comments</b></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:

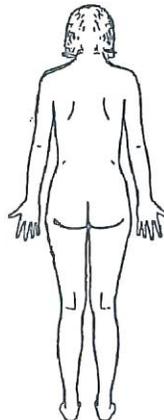
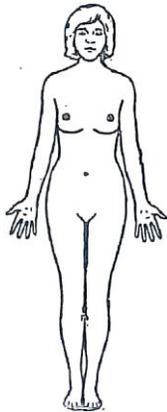
ECC:Y/N

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