

JHA GYN CLINIC EVALUATION^u

Name _____ Date _____ PMD _____ Unit _____

CC: _____ Age _____ Provider _____

HPI: _____

ROS: _____

PMH: _____

H/O Gyn/Pelvic Surgery _____ Last Pap _____

Meds: _____

HRT/ERT _____ Topical Estrogens _____

PE: Appearance _____ HR _____ BP _____ T _____ RR _____

External _____

Vagina _____ Cervix _____

Pelvic Floor Defects/Prolapse _____

Other _____

Rectal: Anal Wink _____ Resting Tone _____ Active Tone _____

Stool _____ Other _____

Skin _____ Other _____

Procedures: Pap _____ Other _____

Relevant Labs/Tests:

A/P: _____

