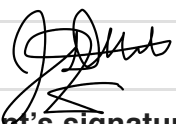


Pelvic Exam Documentation

Patient information	
Name	Date of birth
Medical record number	Age
Date of exam	Time of exam
Consent	
<p>I, _____, hereby give my informed consent for a pelvic examination. I understand that a pelvic examination is a routine medical procedure performed for the purpose of assessing the health of my reproductive organs and surrounding structures.</p>	
	
Patient's signature	Date
Medical information	
Chief of complaint/reason for exam	
Medical history	
Presenting symptoms	
Physical examination	
General appearance	

Vital signs

Pelvic exam

External genitalia

Speculum exam

Bimanual exam

Rectovaginal exam

Pap smear and other tests

Pap smear results

Other tests

Summary of findings

Recommendations



Doctor's name and signature

Date