

# 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