

# Pelvic Exam Documentation

Patient information	
Name:	Date of birth:
Gender:	Appointment date:
Time:	Contact:
Email:	
Consent:	
<p>I, _____, hereby provide my informed consent for a pelvic examination. I understand that this is a standard medical procedure intended to evaluate the health of my reproductive organs and adjacent structures. The purpose and process of the examination have been explained to me, and I have had the opportunity to ask questions to ensure my understanding.</p>	
Patient signature:	Date:
Reason for exam: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic	Details:

## Patient history

Medical	
Relevant chronic conditions:	Previous surgeries (e.g., gynecologic, abdominal):
Medications (including hormonal therapy or contraceptives):	Allergies:

Menstrual history	
<b>Last menstrual period (LMP):</b>	<b>Age at menarche:</b>
<b>Cycle regularity:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<b>Details:</b>
<b>Duration of flow:</b>	
<b>Menstrual symptoms:</b>	
Obstetric history	
<b>Total pregnancies (Gravida):</b>	
<b>Details:</b>	<b>Pregnancy-related complications:</b>
Sexual and reproductive health	
<b>Sexually active:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes:</b> Number of partners (Past year): Gender of partners: Concerns related to sexual activity: <input type="checkbox"/> None <input type="checkbox"/> Yes (Describe):
<b>Contraceptive use:</b>	Yes (type): <span style="float: right;">No</span>
<b>History sexually transmitted infections (STIs):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Details:</b>

## Other relevant medical history

## Examination

### Pre-examination notes

#### Bladder status:

- Voided prior to exam
- Did not void

#### Urine sample collected:

- Yes
- No

### External examination

#### Visual inspection:

- Mons pubis:
- Labia majora/minora:
- Urethral meatus:
- Perineum:
- Vulva (architecture changes, pigmentation, lesions):

#### Additional observations:

<b>Tests:</b>		
<input type="checkbox"/> Cotton swab test for pain:  Normal Abnormal	Details:	
<input type="checkbox"/> Anocutaneous reflex:  Present Absent	Details:	
<input type="checkbox"/> Bartholin glands palpation:  Normal Abnormal	Details:	
<input type="checkbox"/> Pelvic organ prolapse:  Present Absent	Details:	
<b>Speculum examination</b>		
<b>Speculum type:</b> <input type="checkbox"/> Graves <input type="checkbox"/> Pederson <input type="checkbox"/> Other:	<b>Speculum size:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	<b>Insertion process:</b> <input type="checkbox"/> Smooth <input type="checkbox"/> Difficult (details):
<b>Findings:</b>		
Cervix: Sighted    Y/    N  <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:	Vaginal walls:  <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:	Discharge:  <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
<b>Additional observations:</b>		

<b>Pap test sample collected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Additional testing:</b> <input type="checkbox"/> HPV <input type="checkbox"/> STI: <input type="checkbox"/> Other:	
<b>Bimanual examination</b>			
<b>Vagina:</b> Normal            Abnormal			
<b>Cervix:</b>			
<b>Position:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Deviated		<b>Mobility:</b> <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed	
<b>Tenderness:</b> <input type="checkbox"/> None <input type="checkbox"/> Present (describe):		<b>Additional note:</b>  	
<b>Uterus:</b>			
<b>Size:</b>			
<b>Position:</b> <input type="checkbox"/> Anteverted <input type="checkbox"/> Retroverted <input type="checkbox"/> Anteflexed <input type="checkbox"/> Retroflexed <input type="checkbox"/> Other:		<b>Consistency:</b> <input type="checkbox"/> Firm <input type="checkbox"/> Irregular <input type="checkbox"/> Tender	
		<b>Mobility:</b> <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed	
<b>Additional note:</b>  			

**Adnexa (ovaries, fallopian tubes):**

- Palpable
- Not palpable
- Abnormal findings (e.g., masses, tenderness):

**Rectovaginal examination (if performed)**

**Indications:**

- Adnexal mass
- Pelvic pain
- Other:

**Rectovaginal septum:**

- Normal
- Abnormal (describe):

**Ovaries:**

- Palpable
- Not palpable
- Abnormalities:

**Additional notes**

**Physician signature:**

**Date:**