

Pelvic Exam

| | |
|-------------------------|---------------------|
| Patient information | |
| Name: | Date of birth: |
| Gender: | Date of assessment: |
| Medical history | |
| Menstrual history: | Sexual history: |
| | |
| Previous exams taken: | Known conditions: |
| | |
| Visual inspection | |
| Vulva: | |
| Vaginal opening: | |
| Notes and observations: | |
| | |

| | | |
|----------------------------------|-----|----|
| Manual examination | | |
| Uterus: | | |
| Ovaries: | | |
| Cervix: | | |
| Notes and observations: | | |
| | | |
| Pap test (if applicable) | | |
| Sample collected: | Yes | No |
| Date sent to lab: | | |
| Additional tests ordered: | | |
| Additional assessments | | |
| Urinary symptoms: | | |
| | | |
| Bowel symptoms: | | |
| | | |
| Pelvic pain: | Yes | No |

Other symptoms:

Additional notes

Healthcare professional information

Name:

License ID:

Signature:

Date of assessment: