

Pelvic Exam

Patient Information

Name:

Date of Birth:

Date of Exam:

Patient ID:

Medical History

Menstrual History:

Sexual History:

Previous:

Exams:

Known Conditions:

Visual Inspection

Vulva:

Vaginal Opening:

Notes/Observations:

Manual Examination

Uterus:

Ovaries:

Cervix:

Notes/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:

Doctor's Notes

Observations:

Recommendations:

Follow-up:

Doctor's Signature

Name:

Date: