Pelvic Exam Documentation

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Appointment date: _____ dd / mm / yyyy

Time: _____ Contact: _____

Email: _____

Fill up the following:

Patient signature:

Date: _____ dd / mm / yyyy

Select one:

◯ Symptomatic ◯ Asymptomatic

Details:

PATIENT HISTORY

Relevant chronic conditions:

Previous surgeries (e.g., gynecologic, abdominal):

Medications (including hormonal therapy or contraceptives):

Allergies:

Last menstrual period (LMP): _____ **Age at menarche:** _____

Cycle regularity:

◯ Regular ◯ Irregular

Details:

Duration of flow:

Menstrual symptoms:

Total pregnancies (Gravida): _____

Details:

Pregnancy-related complications:

Sexually active:

◯ Yes ◯ No

If yes: Number of partners (past year): _____ **Gender of partners:** _____

Concerns related to sexual activity:

◯ None ◯ Yes (describe)

Describe concerns related to sexual activity:

Contraceptive use:

◯ Yes ◯ No

Type of contraceptive used: _____

History of sexually transmitted infections (STIs):

◯ Yes ◯ No

Details:

Specify below:

EXAMINATION

Bladder status:

◯ Voided prior to exam ◯ Did not void

Urine sample collected:

◯ Yes ◯ No

Visual inspection checklist:

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

Mons pubis: _____ **Labia majora/minora:** _____

Urethral meatus: _____ **Perineum:** _____

Vulva (architecture changes, pigmentation, lesions):

Additional observations:

Tests checklist:

- ☐ Cotton swab test for pain
- ☐ Anocutaneous reflex
- ☐ Bartholin glands palpation
- ☐ Pelvic organ prolapse

Cotton swab test for pain:

◯ Normal ◯ Abnormal

Details:

Anocutaneous reflex:

◯ Present ◯ Absent

Details:

Bartholin glands palpation:

◯ Normal ◯ Abnormal

Details:

Pelvic organ prolapse:

◯ Present ◯ Absent

Details:

Speculum type:

◯ Graves ◯ Pederson ◯ Other

Speculum size:

◯ Small ◯ Medium ◯ Large

Insertion process:

◯ Smooth ◯ Difficult

Details:

Findings Cervix: Sighted?

◯ Yes ◯ No

Select one:

◯ Normal ◯ Abnormal

Describe abnormalities:

Vaginal walls:

◯ Normal ◯ Abnormal

Describe abnormalities:

Discharge:

◯ Normal ◯ Abnormal

Describe abnormalities:

Additional observations:

Pap test sample collected:

◯ Yes ◯ No

Additional testing:

☐ HPV

☐ STI

☐ Other

Specify STI test/s: _____

Vagina:

◯ Normal ◯ Abnormal

Cervix: Position:

◯ Normal ◯ Deviated

Mobility:

◯ Mobile ◯ Fixed

Tenderness:

◯ None ◯ Present (describe)

Describe tenderness:

Additional note:

Uterus: Size: _____

Position:

◯ Anteverted

◯ Retroverted

◯ Anteflexed

◯ Retroflexed

◯ Other

Consistency:

- [ ] Firm
- [ ] Irregular
- [ ] Tender

Mobility:

- ◯ Mobile
- ◯ Fixed

Additional note:

Adnexa (ovaries, fallopian tubes):

- ◯ Palpable
- ◯ Not palpable
- ◯ Abnormal findings

Specify abnormal findings (e.g., masses, tenderness):

Indications:

- [ ] Adnexal mass
- [ ] Pelvic pain

Rectovaginal septum:

- ◯ Normal
- ◯ Abnormal

Describe abnormalities:

Ovaries:

- ◯ Palpable
- ◯ Not palpable
- ◯ Abnormalities

Describe abnormalities:

ADDITIONAL NOTES

Specify below:

Physician signature:

Date: _____ dd / mm / yyyy