

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:

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

Soeculum size:

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