# Pacific County Public Health

**Name** _____ **Date** _____

**Birthdate** _____ **Age** _____ **Allergies**_____

**G**___ **P**____ SAB ____ TOP____ **LC** _____ **CURRENT METHOD**: _____ CONSISTENT USE SINCE LNMP? YES NO

**SUBJECTIVE**

**PMH / FH / ROS: See Hx Form** (Initial & Date) | Tobacco: | ETOH: | Caffeine:

**OBJECTIVE** **HT:** **WT:** **BP:** **LNMP:** TEMP: PULSE:

| NE | NL | EXAM | | ABN | COMMENTS |
|---|---|---|---|---|---|
| | | Constitutional | No apparent distress | | |
| | | Skin | Intact; no rashes, lesions or ulcers | | |
| | | HEENT | Conjunctiva clear; TM's grey & midposition; Pharynx without lesions or erythema | | |
| | | Lymphatic | Neck, axillae, groin: no adenopathy | | |
| | | Thyroid | Soft; no mass, no enlargement palpated | | |
| | | Heart | Normal $S_1$, $S_2$; no murmurs, rubs or gallops | | |
| | | Lungs | Normal BS; CTA bilaterally | | |
| | | Breasts | No discrete masses palpated, no nipple discharge; no retractions; no rashes | | |
| | | Abdomen | +BS; soft ; nontender;, no organomegaly ; no CVA tenderness | | |
| | | Extremities | Full ROM, upper & lower; no lesions | | |
| | | Vulva | Pink; BUS w/o discharge, tenderness or enlargement; no lesions | | |
| | | Vagina | Pink, moist ; normal rugae; good tone Discharge: White or clear pH_____ | | |
| | | Cervix | Pink ; clear/white mucus ; no CMT | | |
| | | Uterus | NSSC; non-tender ☐ANTE ☐MID ☐RETRO | | |
| | | Adnexa | No masses/enlarge. palpated ; non-tender | | |
| | | Rectal | Smooth mucosa, no lesions | | |

OTHER

| TESTS | | |
|---|---|---|
| HGB | | |
| | POS | NEG |
| Preg Test | | |
| Wet Mount | POS | NEG |
| Whiff | | |
| Bact | | |
| Clue | | |
| WBC | | |
| Trich | | |
| Yeast | | |
| Urine Dip | POS | NEG |
| Glucose | | |
| Ketones | | |
| Protein | | |
| Nitrite | | |
| Leucocytes | | |
| Blood | | |
| pH | | |
| SG | | |
| | DONE | DEF |
| **PAP** | | |
| **CT** | | |
| **GC** | | |

**ASSESSMENT**

**PLAN**

| HANDOUT | COUNSELING | |
|---|---|---|
| ☐STD | ☐Contraception | ☐Preg/ Options |
| ☐Fe++ | ☐STD Prev/Ed | ☐Pre-Concept |
| ☐Ca++ | ☐Abstinence | ☐Infertility |
| ☐Folacin | ☐Relation Safety | ☐Hep B |
| ☐Vaginosis | ☐Sterilization | ☐N.F.P. |
| ☐Meds | ☐SBE | ☐Parent Involv |
| ☐SBE | ☐Tobac/Risks | ☐Nutrition |
| ☐BCM | ☐MMR | ☐Sub Abuse |
| ☐Hep B | ☐ECP | ☐DES |
| | ☐Abn Pap | ☐Suicide |
| | ☐ Other | ☐Crisis |
| | ☐ HPVIMM | ☐HIV |

☐ Pap Smear done outside of ACOG guidelines.

**CLINICIAN SIGNATURE:**_____ **RTC/**Labs: Comp Chem CBC Lipids TSH OTHER 33

3/15/2010