

HISTORY OF PRESENT ILLNESS:

Location
Intensity
Quality
Change during the day/month
Onset
Radiation
Aggravating factors
Associated symptoms
Alleviating factors
Prior workup or previous therapies

Vaginal bleeding _____ Leakage of Fluid _____ Fetal Movements _____.

CTX started _____ . CTX every _____ min lasting _____ secs. Intensity= _____

REVIEW OF SYMPTOMS:

CONSTITUTIONAL: subjective fever, fatigue
CV: chest pain, palpitations, leg swelling
RESP: shortness of breath, cough, sputum production, wheezing, activity intolerance
GI: wt loss / gain, appetite changes, bloating, increased girth, indigestion, nausea, vomiting, abd pain, bloody stool, diarrhea, constipation LAST ATE?
URINARY: polyuria, dysuria, urgency, hesitancy, hematuria, incontinence
GYN: dysmenorrhea, menorrhagia, dyspareunia
SKIN: rash, itching, suspicious lesions
NEUROLOGIC: muscle weakness, numbness, headaches, dizziness, syncope
ENDOCRINE: Hot / cold intolerance. polydipsia, hot flashes, hair loss, unwanted hair
PSYCHIATRIC: memory impairment. depression, anxiety

ALLERGIES:

MEDICATIONS:

PAST MEDICAL HISTORY:

PAST SURGICAL HISTORY:

SOCIAL HISTORY: smoking alcohol illicit drug use Domestic violence

FAMILY HISTORY: (HTN, DM, Heart disease, Cancer)

GYN HISTORY:

Last menstrual period: Menarche: Current birth control:

Periods regular / irregular Menses Frequency: Menses Length:

Flow quantity: History of STIs / PID: H/O Abnml pap:

Pain before / during / regardless of cycle:

SEXUAL HISTORY: orientation, identity, age of coitarche, # partners in last 3m, currently active?, modes of sex, male and/or female partners, sex for money/drugs, previously pressured or coerced, history of STI/PID, current contraception

OB HISTORY:

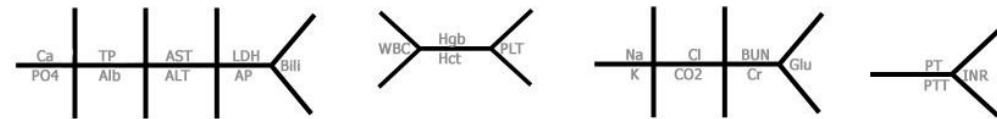
Year GA Sex Delivery Mode Weight Complications

PHYSICAL EXAM:

Temp: P: BP: Resp:
General
HEENT
Heart Lungs Abdomen

Extremities
Skin
Psych
Pelvic

LABORATORY DATA:



Mg
Amylase
Lipase UA
hCG Urine Cx

Troponins: Blood Cx

IMAGING:

To Do:

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