Active Gynecologic Complaints: ***

Past Obstetric History:
P *** G *** A ***
Complicated Pregnancies? ***

Past Gynecologic History:
Menstruating? *** Date of last period: ***
Age at Menarche? ***
Abnormal uterine bleeding (menorrhagia, metorrhagia, dysmenorrhea)? ***
Hysterectomy or other gyn surgeries? ***
Do you know what a pap smear is? ***
Have you ever had a pap smear? ***
Prior Birth control use? ***
History of FGM or trauma to your genitals? ***

Past Breast History:
Have you ever had a mammogram (if indicated)? ***
Have you noticed any changes in your breasts in the last year (lumps, discharge, pain)? ***

Past Bone History:
Calcium/Vitamin d intake: ***
History of fractures: ***
H/o steroids: ***
Last DEXA results (if indicated): ***

Relevant PMH/PSH: ***

Relevant Family History:
(Breast cancer, ovarian cancer, STIs, fractures, osteoporosis, bleeding disorders, non-contributory, etc.) ***

Allergy List: ***

Social History:
Tobacco Use: ***
Alcohol Use: ***
Drug Use: ***
Safe at home and at work? ***
Highest Level of Education? ***
Literacy level? ***

Mental Health Screen:
Flashbacks/nightmares: ***
Need for referral for trauma counseling: ***

Mental Health screen: ***

Number of Partners; ***
Gender of Partners; ***

How do you identify with regard to sexual orientation? ***

What kind of sexual practices (anal, vaginal, oral)? ***
Past history of STIs; ***
Have you been exposed to anyone you knew had a STI? ***

Current Birth control method: ***
Are you currently trying to conceive? ***
Currently interested in birth control? ***

Sexual Assault History:
Did anyone ever hurt you or threaten you to have sex or to commit sexual acts? ***
Did you ever feel that something bad would happen to you if you did not have sex with someone? ***

ROS (OB/GYN): ***

Physical Exam: ***

Assessment:

Plan:
Routine refugee women’s health screening
-- GC/Chlamydia (if not previously ordered)
-- Urine Pregnancy
-- HIV and RPR (if not previously ordered)
-- Pap smear

Preventive refugee women’s health screening
-- Mammogram
-- DEXA
-- Immunizations given: ***

Contraception and family planning
--Patient (is/is not) pregnant today
--Counseled regarding pregnancy test results
--Counseled about Contraception and family planning (contraindications to contraception)
--Contraception provided to patient: ***
--Pre-natal vitamins ordered if patient refuses contraception or is trying to conceive: ***

Mental Health screen: ***

Referrals: ***