

Name: ***

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: ***

Sexual History:

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: ***