

**DESIGNING VAGINA - HISTORY & PHYSICAL FORM
GERARD CAPIELLO MD**

Patient Name: _____ **ID#** _____ **Date:** ____/____/____

New Patient **Established Patient** **Consultation** **Report**

PRIMARY CARE PHYSICIAN: _____ **WHO SENT PATIENT:** _____

OTHER PHYSICIAN(S): _____

CHIEF COMPLAINT: (Required for all visits)

CURRENT MEDS: **None**

LAST PAP: ____/____/____
LAST MAMMOGRAM: ____/____/____
LMP: ____/____/____

ALLERGIES: **None**

New Problem **Existing Problem**

Location; Quality; Severity; Duration; Timing; Context; Modifying Factors; Assoc. Signs & Symptoms

PAST HISTORY (PH): **Non-Contributory** **No Interval Change since** ____/____/____

Surgeries: _____
Obstetric: _____
Illness(es): _____

FAMILY HISTORY (FH): **Non-Contributory** **No Interval Change since** ____/____/____

Mother: **Living** **Deceased -- Cause** _____ **Father:** **Living** **Deceased -- Cause** _____

Sibling: **Number Living** _____ **Number Deceased** _____ **Cause(s)** _____

Diabetes _____ **Heart Disease** _____ **Hyperlipidemia** _____

Cancer _____ **Hypertension** _____

Other _____

SOCIAL HISTORY (SH): **Non-Contributory** **No Interval Change since** ____/____/____

Tobacco Use: **No** **Yes** _____

Alcohol/Drugs Use: **No** **Yes** _____

Domestic Violence: **No** **Yes** _____

Seat Belt Use **No** **Yes**

Diet Discussed _____ **Reg. Exercise:** **No** **Yes**

Other _____

- PHYSICAL EXAMINATION

CONSTITUTIONAL

- Vital signs Ht _____ Wt _____ BP _____ T _____ P _____ R _____
- General appearance (Note all that apply)
- Well-developed Other _____
- Well-nourished Other _____
- Normal Habitus Obese Other _____
- No deformities Other _____
- Well-groomed Other _____

NECK

- Neck Normal Abnormal _____
- Thyroid Normal Abnormal _____

RESPIRATORY

- Resp. Effort Normal Abnormal _____
- Ausc. Lungs Normal Abnormal _____

CARDIOVASCULAR

- Ausc. Heart Sounds Normal Abnormal _____
- Murmurs Normal Abnormal _____
- Periph. Vasc. Normal Abnormal _____

GASTROINTESTINAL

- Abdomen Normal Abnormal _____
- Hernia None Present _____
- Liver Normal Abnormal _____
- Spleen Normal Abnormal _____

LYMPHATIC

- Palpation of nodes (choose all that are applicable)
- ★ Neck Normal Abnormal _____
- ★ Axilla Normal Abnormal _____
- ★ Groin Normal Abnormal _____
- ★ Other Site Normal Abnormal _____

NEUROLOGICAL/PSYCH.

- Orientation
- Time Place Person Comments _____
- Mood and Affect
- Normal Depressed Anxious Agitated Other _____

PELVIC EXAMINATION (FEMALE PATIENTS)

- Breasts Normal Abnormal _____
- Rectal Normal Abnormal _____
- Ext. Genitalia Normal Abnormal _____
- Ureth. Meatus Normal Abnormal _____
- Urethra Normal Abnormal _____
- Bladder Normal Abnormal _____
- Vagina/pelv. supp Normal Abnormal _____
- Cervix Normal Abnormal _____
- Uterus Normal Abnormal _____
- Adnexa/param Normal Abnormal _____
- Anus/perin. Normal Abnormal _____

MEDICAL DECISION MAKING

DIAGNOSIS: _____

ASSESSMENT AND PLAN: _____

PATIENT COUNSELED RE: POSSIBLE OTHER OPTIONS OF SURGERY

Risks and benefits of the proposed procedure or procedures has been thoroughly discussed with the patient to include, but not limited to infection, bleeding, the risk of anesthesia, re-operation, blood transfusion or the administration of antibiotics. The patient recognizes these risks and wishes to consider and undergo the procedure. The patient has had all of the questions answered to her/his satisfaction.

Minutes Counseled _____ Total Encounter Time _____

Signature _____ Date ____/____/____

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