WELL-WOMAN EXAM ENCOUNTER FORM

Patient's Name _____

Patient section

Please answer the following questions. This will help your physician identify possible problems.

Your age: _____ When was your last period? _____

When was your last mammogram? _____

When was your last Pap test? ☐ 1 yr ☐ 2 yrs ☐ >3yrs

Were the results normal? ☐ Yes ☐ No

Have you ever had an abnormal Pap test? ☐ Yes ☐ No

How often do you usually get your period? every _____ days

Are your periods usually regular? ☐ Yes ☐ No

How many days do your periods usually last? _____ days

The blood flow is: ☐ Light ☐ Moderate ☐ Heavy

Do you have any bleeding between periods? ☐ Yes ☐ No

Do you have any vaginal discharge? ☐ Yes ☐ No

Are you sexually active? ☐ Yes ☐ No

If yes, do you and your partner use birth control?

☐ Yes ☐ No Method: _____

Have you ever had a sexually transmitted disease? ☐ Yes ☐ No

Has your mother ever been exposed to DES? ☐ Yes ☐ No

Have you ever used fertility medicines? ☐ Yes ☐ No

Do you have hot flashes? ☐ Yes ☐ No

Are you on hormone replacement? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

How often do you perform self breast-exams?

☐ Less often than monthly ☐ Monthly

Do you have a history of breast problems? ☐ Yes ☐ No

Have you ever been abused? ☐ Yes ☐ No

Do you feel safe? ☐ Yes ☐ No

Is there any family history of:

Breast cancer?	☐ Yes ☐ No	Osteoporosis?	☐ Yes ☐ No
Colon cancer?	☐ Yes ☐ No	Ovarian cancer?	☐ Yes ☐ No
Diabetes?	☐ Yes ☐ No	Uterine cancer?	☐ Yes ☐ No
Heart disease?	☐ Yes ☐ No	Other cancers?	☐ Yes ☐ No

Do you have any allergies? ☐ Yes ☐ No (list them below)

On a scale of 0 to 10, with 0 being no symptoms and 10 being severe symptoms, how would you describe the following (please circle):

Pain during your usual period:

0 1 2 3 4 5 6 7 8 9 10

Pain during sex:

0 1 2 3 4 5 6 7 8 9 10

PMS (premenstrual tension syndrome):

0 1 2 3 4 5 6 7 8 9 10

If you have been pregnant, please indicate how many:

Pregnancies ___ Miscarriages ___ Abortions _____

Living children ___ Full-term live births ___ Premature births ___

Please list any other concerns: _____

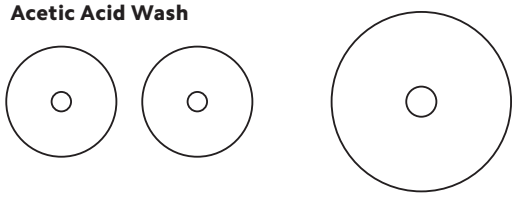
Physician section

Abnormals should be described below or on the reverse side of this form. For VS and allergies, see separate note in chart.

Nl	Abn		Nl	Abn	
☐	☐	HEENT	☐	☐	ABDOMEN
☐	☐	THYROID	☐	☐	SKIN
☐	☐	LUNGS	☐	☐	EXTREMITIES
☐	☐	HEART	☐	☐	NEURO

If there are any abnormalities, circle the specific one(s) and describe below or on reverse.

Nl	Abn		
☐	☐	**Breasts**	Masses Lumps Tenderness Symmetry Nipple discharge Axilla
☐	☐	**External genitalia**	Appearance Hair distribution Lesions
☐	☐	**Urethra & Meatus**	Size Location Lesions Prolapse Masses Tenderness Scarring
☐	☐	**Vagina**	Appearance Discharge Lesions Estrogen effect for age/meds Pelvic support Cystocele Rectocele
☐	☐	**Cervix**	Appearance Lesions Discharge
☐	☐	**Uterus**	Size Contour Position Mobility Tenderness Consistency Support
☐	☐	**Adnexa**	Masses Tenderness Organomegaly Nodularity
☐	☐	**Bladder**	Fullness Masses Tenderness
☐	☐	**Anus & Perineum**	
☐	☐	**Rectal**	Tone Hemorrhoids Masses
☐	☐	**Hemoccult**	
☐	☐	**KOH/Wet Prep**	
☐	☐	**Acetic Acid Wash**	



A: ☐ Normal gyn/pap ☐ Family planning ☐ Pregnancy ☐ HRT

P: ☐ Pap ☐ HRT info given ☐ Caffeine ed ☐ Stool OB

☐ STD screen ☐ Diet/Exercise ☐ HPV vaccine ☐ Tdap

☐ BSE info ☐ Flex sig ☐ Calcium ed ☐ Flu shot

☐ Mammogram _____ ☐ Dexa ☐ Heel ☐ Full

Return for pap/well woman: 1 year _____ 3 year _____ RTC _____

AAFP FPM

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

 Related article: https://www.aafp.org/fpm/2002/0400/p51.html. Updated: January 2016.