

## Preventative Wellness Exam – Adult Female

Patient Name \_\_\_\_\_

**Constitutional**

- Yes  No Chills
- Yes  No Fatigue
- Yes  No Fever
- Yes  No Night Sweats
- Yes  No Victim-Domestic Violence
- Yes  No Weight Gain (unintentional)
- Yes  No Weight Loss (unintentional)

**Eyes**

- Yes  No Eye Pain
- Yes  No Glasses/Contact

**Ears/Nose/Throat**

- Yes  No Ear Pain
- Yes  No Frequent Nose Bleeds
- Yes  No Bleeding Gums
- Yes  No Oral Gum Disease
- Yes  No Dentures Present

**Cardiovascular**

- Yes  No Chest Pain
- Yes  No Dizziness
- Yes  No Heart Palpitations
- Yes  No Racing Heartbeat

**Respiratory**

- Yes  No Cough (acute)
- Yes  No Cough (chronic)
- Yes  No Shortness of Breath

**Gastrointestinal**

- Yes  No Abdominal Pain
- Yes  No Bloating
- Yes  No Constipation
- Yes  No Diarrhea
- Yes  No Heartburn
- Yes  No Black Stool
- Yes  No Nausea
- Yes  No Vomiting
- Yes  No Stool Caliber Change

**Psychiatric**

- Yes  No Anxiety
- Yes  No Crying Spells
- Yes  No Depression
- Yes  No Feeling Stressed
- Yes  No Loss of Interest in Pleasurable Activities
- Yes  No Mood Swings
- Yes  No PMS
- Yes  No Recreational Drug Use
- Yes  No Sleep Disturbance
- Yes  No Suicidal Thoughts

**Musculoskeletal**

- Yes  No Back Pain
- Yes  No Muscle Pains

**Integumentary/Breast**

- Yes  No Rashes
- Yes  No Breast Mass
- Yes  No Breast Skin Changes
- Yes  No Breast Tenderness
- Yes  No Nipple Discharge
- Yes  No Self Breast Exams?

**Neurological**

- Yes  No Dizziness
- Yes  No Fainting
- Yes  No Headaches
- Yes  No Weakness

**Hematologic /Lymphatic**

- Yes  No Easy Bruising
- Yes  No Excessive Bleeding
- Yes  No Hx of Blood Transfusion

**Endocrine**

- Yes  No Hair Loss
- Yes  No Heat/Cold Intolerance
- Yes  No Excessive Facial or Body Hair
- Yes  No Hot Flashes
- Yes  No Infertility

**Allergic/Immunologic**

- Yes  No Seasonal Allergies/"Hayfever"
- Yes  No Perennial Allergies

**Genitourinary**

- Yes  No Painful Menstrual Cycle
- Yes  No Pain With Intercourse
- Yes  No Pain With Urination
- Yes  No Genital Lesions
- Yes  No Blood In Urine
- Yes  No High Risk Sexual Behavior
- Yes  No Irregular Menstrual Cycle
- Yes  No Heavy Menstrual Cycles
- Yes  No Frequent Awakening At Night to Urinate
- Yes  No Post-Coital Vaginal Bleeding
- Yes  No Post-Menopausal Bleeding
- Yes  No Rape (history of)
- Yes  No Sexual Abuse
- Yes  No Urinary Incontinence
- Yes  No Vaginal Discharge
- Yes  No Vaginal Itch





## Preventative Wellness Exam – Adult Female

Based on American College of Obstetrics and Gynecology and insurance standards, preventative office visits are routine well patient evaluations. Preventative well woman exams consist of health history, medication history, a physical exam with breast exam, pap smear, bimanual uterine/ovary exam (as indicated), urinalysis, and routine blood work (as indicated).

If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this exam, you may be charged an additional fee/co-pay based on your insurance benefits. All visit information is sent electronically to your insurance company and you will be responsible for any additional fees as determined by your insurance benefits.

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Patient Name

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Date

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Signature