

ADOLESCENT/ADULT ASSESSMENT RECORD

Male/Female

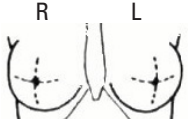
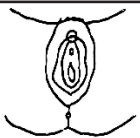


Chaperone/Translator Name/# _____

LMP _____ Cycles Normal

Abn _____

Comments _____

Physical Assessment - *Complete only the asterisk items for STD visits; Bimanual exam required by NP only

System	Describe Findings
*General Appearance	
Skin	<input type="checkbox"/> Grossly Normal <input type="checkbox"/> *No Rash/Lesion
HEENT	<input type="checkbox"/> Grossly Normal
Thyroid	<input type="checkbox"/> No Palpable Masses/No Enlargement
*Lymph Nodes	<input type="checkbox"/> No Palpable Masses
Heart	<input type="checkbox"/> Regular rate/rhythm
Lungs	<input type="checkbox"/> Clear Bilaterally
Breast/Axilla	<input type="checkbox"/> Symmetrical <input type="checkbox"/> No Dimpling <input type="checkbox"/> No Nipple Discharge <input type="checkbox"/> No Retraction <input type="checkbox"/> Nontender Masses: 
*Abdomen	<input type="checkbox"/> Soft <input type="checkbox"/> Non Tender
*Ext. Genitalia: Vulva	<input type="checkbox"/> Normal Female Genitalia <input type="checkbox"/> No Gross Lesions <input type="checkbox"/> Bartholin/Urethra/Skenes - Neg 
*Speculum Exam: Vagina	<input type="checkbox"/> Normal/Healthy Mucosa <input type="checkbox"/> No Gross Lesions <input type="checkbox"/> Pale, Atrophic Mucosa
Cervix	<input type="checkbox"/> No Gross Lesions CMT: 
*{NP} Bimanual: Uterus	Position: <input type="checkbox"/> AV <input type="checkbox"/> RV <input type="checkbox"/> Mid <input type="checkbox"/> Nontender
Adnexae	Size/shape: <input type="checkbox"/> Nontender <input type="checkbox"/> No Masses
Recto-Vag	<input type="checkbox"/> Confirmatory FOBT: <input type="checkbox"/> Neg
Extremities	<input type="checkbox"/> No Edema <input type="checkbox"/> No Varicosities <input type="checkbox"/> *No Rash/Lesion
*Ext. Male Genitalia/Rectum	<input type="checkbox"/> No Gross Lesions 

Assessment/Plan: _____

Sign/Date _____ Student _____