

HMC ObGyn Clerkship Student Write-Up

ID Age GP LMP (e.g. 25 yo female, G3, P1, Ab2 LMP...)

CC Patient's words (best 1 problem, but OK to list 2-3 secondary)

HPI Describe problem – onset, duration, magnitude, prior dx or tx
(while obtaining history, consider the "non-stated tentative diagnoses" – then ask questions to rule in or out each diagnosis)

BE SURE to rule out major or life-threatening rare dx by asking appropriate questions

GYN Hx	menarche	STDs
	Menses q__ x__days (interval & duration)	Pap
	dysmenorrhea	vaginitis
	menorrhagia	mammogram
	IMB (intermenstrual bleeding)	birth control
	sexually active	HT
	dyspareunia	h/o sexual/physical abuse

PMH e.g. 1. HTN – well controlled
2. DM with proteinuria, retinopathy

Meds
ETOH, drugs
smoke
allergy

PSH e.g. 1. 2000 T&A
2. 2003 Appendectomy

FH breast CA
gyn CA
endometriosis
fibroids

SH e.g. unemployed married
immigrant in US x 5 yr

ROS HTN Pulm
 DM TB } most
 renal C/V } important
 bleeding

PE General appearance
 vital signs

 breasts
 thyroid
 Abd
 EGBUS (vulva)
 SE vagina
 cervix

 bimanual vagina
 cervix
 uterus
 adnexa

Lab wet mount, UHCG, hemacheck (Hct), accucheck (glucose)

Impression state reason for dx & differential diagnoses

Plan state reasons for plan and include information on natural history of disease
(go to literature and read about your primary diagnoses and be prepared to discuss in
depth how you made dx, differential, work-up, treatments with your preceptor)