

Well Woman Exam

Clinical/hospital name

Clinician's name

Date of exam

Patient Information

Name

Date of birth

Contact information

Medical History

Current medications

Allergies

Past surgeries or hospitalizations

Family medical history

Menstrual history

Sexual history

Contraception use

Lifestyle Assessment

Diet and nutrition

Physical activity

Tobacco use

Alcohol consumption

Stress levels

Sleep patterns

Physical Examination

Vital signs

Blood pressure, heart rate, respiratory rate, temperature, oxygen saturation

Height and weight

Calculate BMI

Breast examination

Abdominal examination

Pelvic examination

Skin check

Laboratory Tests

Pap smear

Human papillomavirus (HPV) test

Blood test (if applicable)

Complete Blood Count (CBC):

Lipid Profile:

Fasting Glucose:

Urinalysis

Other Tests (if applicable)

Screenings

Mammogram (if applicable)

Bone Density Test (if applicable)

Colorectal Screening (if applicable)

STI Screening

Mental Health Screening

Depression Screening

Anxiety Screening

Other mental health concerns

Discussion and Counseling

Menstrual concerns

Sexual health

Contraception options

Menopause symptoms (if applicable)

Lifestyle and preventive health

Mental health and stress management

Plan and Recommendations

Follow up appointments

Referrals to specialists (if needed)

Lifestyle modifications

Medication prescriptions/adjustments

Patient education materials

Patient Consent for Procedures and Tests

Signature



Date

Clinician's Signature

Name

Signature



Date

Additional Notes