

# 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



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Date

## Clinician's Signature

Name

Signature



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Date

Additional Notes