

Comments:

- Affix label here-

Clinical Center/ID: _____

First Name _____ M.I. _____

Last Name _____

1. Contact date: _____ (M/D/Y)
2. Completed by: _____
3. Contact type:
- ₁ Phone ₃ Visit
- ₂ Mail ₈ Other

4. Visit type:
- ₁ Screening # _____
- ₂ Semi-Annual # _____
- ₃ Annual # _____
- ₄ Non-Routine

5. Pelvic exam performed by:
- ₁ CC staff
- ₂ Other

5.1. Report taken by: _____

5.2. Date pelvic exam performed: _____ (M/D/Y)

5.3. MD Name: _____

Clinic Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

5.4. **"Did your doctor say he/she found anything wrong during the pelvic exam?"**

₀ No → Go to Question 11 as needed

₁ Yes → Go to Question 11 and 12 as needed.

- | 7. Vagina | No | Yes, probably benign | Yes, possibly malignant |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 7.1. Atrophy | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.2. Smooth | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.3. Pale | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.4. Friable with contact | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.5. Blood present | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.6. Abnormal discoloration | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.7. Ulceration | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7.8. Growth | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

- 7.9. Cystocele:
- ₀ None
- ₁ Grade 1 (in vagina)
- ₂ Grade 2 (to introitus)
- ₃ Grade 3 (outside vagina)
- 7.10. Rectocele:
- ₀ None
- ₁ Grade 1 (in vagina)
- ₂ Grade 2 (to introitus)
- ₃ Grade 3 (outside vagina)

Chart notes:

6. External genitalia (vulva):
- | | No | Yes, probably benign | Yes, possibly malignant |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 6.1. Loss of adipose tissue | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6.2. Thinning of hair | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6.3. Abnormal discoloration | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6.4. Ulceration | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6.5. Growth | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

8. Cervix:

- ₀ Absent
- ₁ Present

	No	Yes, probably benign	Yes, possibly malignant
8.1. Flush with vaginal vault	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.2. Friable with contact	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.3. Surface lesion/growth (other than ectopy, Nabothian cyst)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.4. Polyp	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

9. Uterus:

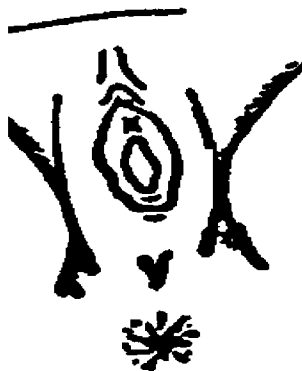
- ₀ Absent (Go to Question 10.)
- ₁ Present
- ₉ Unable to palpate (Go to Question 10.)

	9.2. Uterine size:	9.3. Enlarged since last exam:
9.1. Prolapse:		
<input type="checkbox"/> ₀ None	<input style="width: 50px; border: none; border-bottom: 1px solid black;" type="text"/> weeks	<input type="checkbox"/> ₀ No
<input type="checkbox"/> ₁ Grade 1 (in vagina)		<input type="checkbox"/> ₁ Yes
<input type="checkbox"/> ₂ Grade 2 (to introitus)		
<input type="checkbox"/> ₃ Grade 3 (outside vagina)		

10. Adnexae:

- ₀ Normal
 - ₁ Mass present
 - ₉ Unable to palpate/absent
- | | |
|-------|---|
| 10.1. | <input type="checkbox"/> ₁ Right |
| | <input type="checkbox"/> ₂ Left |
| | <input type="checkbox"/> ₃ Both |

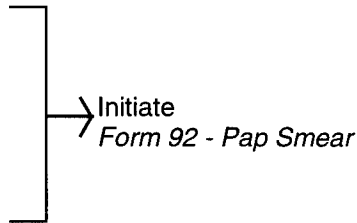
External genitalia:



PAP SMEAR

11. Was Pap smear obtained?

- ₀ No, not done
- ₁ No, send for outside report
- ₂ Yes, vaginal smear
- ₃ Yes, Pap smear



Follow-up

12. Was a referral made for follow-up care?

- ₀ No
- ₁ Yes

12.1. Referred by: _____

12.2. Date of referral: -- (M/D/Y)

12.3. Referred to:

MD/Clinic: _____

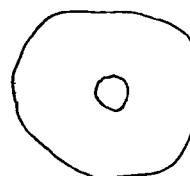
Address: _____

Phone: _____

12.4. Pelvic follow-up results:

- ₀ Normal
- ₁ Benign changes
- ₂ Possibly malignant

Cervix/vagina:



Ovaries/uterus:

