

University of Wisconsin Oshkosh
 Student Health Center
PHYSICAL EXAM

SUBJECTIVE:

Concerns: _____

OBJECTIVE: Ht. _____ Wt. _____ BMI _____ Temp _____ Pulse _____ Resp _____ BP _____

PHYSICAL EXAMINATION	Normal	Deferred	Comment
1. Skin			
2. HEENT			
3. Thyroid			
4. Breasts			
5. Heart			
6. Lungs			
7. Abdomen			
8. Extremities			
9. Vulva			
10. Vagina			
11. Cervix			
12. Uterus			
13. Adnexa			
14. Rectal			
15. Penis			
16. Hernias			
17. Scrotum/Testicles			
18. Musculoskeletal Exam			
19. Neuro Exam			



LABORATORY:

Wet Prep: _____
 Whiff Test: Positive _____ Negative _____
 Vaginal pH: _____
 Pap Test Cervix: Slide: _____ Thin Prep: _____
 Other: _____

Chlamydia: _____
 GC: _____
 RPR: _____
 HSV I & II: _____

ASSESSMENT:

General Physical _____
 Annual Gynecological Exam _____ Obesity _____
 Contraception _____ Elevated BP _____
 STD screen _____ Other: _____
 Vaginitis screen _____
 Asthma _____
 Smoker _____

PLAN:

PROVIDER EDUCATION: 30 – 40” general counseling on: (√ if addressed)

RISK REDUCTION	
<input type="checkbox"/>	Accidents/seat belts/helmets
<input type="checkbox"/>	Alcohol/Drug Abuse
<input type="checkbox"/>	Exercise 30-60min most days
<input type="checkbox"/>	Mental/Physical Abuse
<input type="checkbox"/>	Smoking Cessation
<input type="checkbox"/>	Cessation Literature Given
<input type="checkbox"/>	Sunscreens
<input type="checkbox"/>	Back care
<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Dating Violence
STDs	
<input type="checkbox"/>	Prevention
<input type="checkbox"/>	Chlamydia, GC
<input type="checkbox"/>	Hepatitis B & C
<input type="checkbox"/>	Herpes
<input type="checkbox"/>	HIV
<input type="checkbox"/>	HPV
<input type="checkbox"/>	Molluscum Contagiosum
<input type="checkbox"/>	Syphilis
IMMUNIZATIONS	
Needed/Recommended	
<input type="checkbox"/>	Hepatitis B <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>	Influenza <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>	Tetanus <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>	Meningococcal <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>	HPV <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>	Other: _____

BIRTH CONROL	
<input type="checkbox"/>	Options, side effects, warning signs
<input type="checkbox"/>	BCP Instruction
<input type="checkbox"/>	Depo-Provera Instructions
<input type="checkbox"/>	Ortho Evra Instructions
<input type="checkbox"/>	Nuva Ring Instructions
<input type="checkbox"/>	Emergency Contraception
<input type="checkbox"/>	Condom review/ use of back up method

VAGINITIS <input type="checkbox"/> Brochure	
<input type="checkbox"/>	Yeast
<input type="checkbox"/>	Bacterial Vaginosis
<input type="checkbox"/>	Trichomonas

SELF EXAMS	
<input type="checkbox"/>	BSE <input type="checkbox"/> Brochure
<input type="checkbox"/>	TSE <input type="checkbox"/> Brochure

NUTRITION	
<input type="checkbox"/>	Portion Size
<input type="checkbox"/>	Increase Fiber
<input type="checkbox"/>	Carbohydrate Management
<input type="checkbox"/>	Low Ft/Cholesterol Diet
<input type="checkbox"/>	Iron Rich Foods
<input type="checkbox"/>	Calcium & Osteoporosis
<input type="checkbox"/>	Calcium Supplement <input type="checkbox"/> Brochure given
<input type="checkbox"/>	Vitamin D
<input type="checkbox"/>	Weight Loss lbs _____

Future Lab Recommendation:	
<input type="checkbox"/>	Fasting Lipid profile <input type="checkbox"/> Brochure
<input type="checkbox"/>	Metabolic Panel <input type="checkbox"/> Basic <input type="checkbox"/> Comprehensive
<input type="checkbox"/>	FBS
<input type="checkbox"/>	HIV
<input type="checkbox"/>	HSV I, HSV II
<input type="checkbox"/>	RPR
<input type="checkbox"/>	Other: _____

Other Education	
<input type="checkbox"/>	HPV & Abnormal Pap
<input type="checkbox"/>	F/U BP Monitoring
<input type="checkbox"/>	Asthma Instruction

Provider: _____

Date: _____