

Name _____

DOB: _____

MR#: _____

Women's Clinic Examination**Chief Complaint:**

- Here for breast examination and counseling.
 Here for osteoporosis screening and counseling.
 Additional question(s) or concern(s):

- Old chart not available

History:

Osteoporosis Risk	Yes	No
Postmenopausal		
HRT		
≥ 3 mo. hx (ever) of anti-coagulant, steroid, or anti-seizure medication		
Hyperparathyroidism		
* Chronic disease such as dementia, gastric surgery, hemiparesis, Parkinsons, vertigo, blindness, rheumatoid arthritis		
* Hx low-trauma Fx		
* Hx in 1 st degree relative		
* Alcohol abuse		
* Smoker		
* Physical inactivity		
* Low weight		
* Inadequate sunlight exposure or low dietary calcium		

Colo-rectal CA Risk	Yes	No
Blood in stool or on tissue, or black stools		
Unexplained constipation or diarrhea		
Unrelieved pain in belly		

Breast Cancer Risk	Yes (or age)	No
Age at menarche?		
Hx of childbirth?		
Maternal age at birth of first child		
Hx of breastfeeding?		
Personal hx of breast disease		

Family History	Yes	No
Colo-Rectal Cancer		
Breast Disease		
Osteoporosis		

Medications:

- Medication list reviewed; no changes
 Medication list reviewed and updated

*** Medicare patients must sign an *Advanced Beneficiary Notice.***

Health Maintenance:

Last mammogram ____/____/____

Last clinical breast exam ____/____/____

Last occult blood ____/____/____

Last Osteoporosis screening ____/____/____ (Must be 23 months for Medicare reimb.)

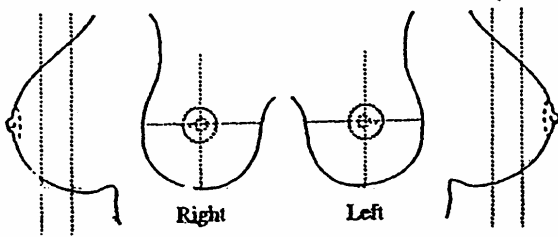
Physical Exam:

Vital Signs: Weight: _____ lbs. Blood Pressure: _____ Temp _____

Examination of Breasts:

	No	Yes	Comments:
Breast Implants			<input type="checkbox"/> No significant clinical findings
Mastectomy			
Distinct palpable mass or thickening			
Skin dimpling/reddening			
Bloody nipple discharge			
Nipple discharge that is unilateral, spontaneous or localized to one duct			
Skin retraction or scaliness around nipple			
Inverted nipple (recent occurrence/onset) in a woman who is not lactating			
New onset of pain in elderly atrophic breast			

Impression:



Plan:

- Recommend osteoporosis screening Yes No
- Recommend Vitamin D (600 IU/d) and Calcium (1000 mg/d) supplement Yes No
- Screening Mammogram needed Yes No
- Diagnostic Mammogram needed Yes No
- Specialty referral given: Yes No – to which specialty _____
- Occult blood “home test” given Yes No
- Pneumococcal vaccination ordered (0.5cc IM) Yes No
- Influenza vaccination ordered (0.5cc IM) Yes No

Follow-up:

- Educational material given on breast care? Yes No
- Educational material given on bone health? Yes No

Signature: _____ MD/DO NP PA **Date:** ____/____/____