



Chaperone Desired? Yes No Initials:

### Emergency Visit

Name: \_\_\_\_\_ Date: \_\_\_\_\_ LMP: \_\_\_\_\_  
 Age: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_ Last Pap: \_\_\_\_\_ Birth Control: \_\_\_\_\_  
 Pregnancy Test: POS NEG Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 CC: AUB Amenorrhea Mastalgia Vaginal Discharge Pelvic Pain Other: \_\_\_\_\_

HPI: \_\_\_\_\_

ROS: \_\_\_\_\_

Meds: \_\_\_\_\_

Physical Exam: BP: \_\_\_\_\_ Pulse \_\_\_\_\_ Temp: \_\_\_\_\_

HEENT: \_\_\_\_\_ Vulva: \_\_\_\_\_

CV: \_\_\_\_\_ Cervix: \_\_\_\_\_

Lungs: \_\_\_\_\_ Vagina: \_\_\_\_\_

Breasts: \_\_\_\_\_ Uterus: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Adnexa: \_\_\_\_\_

Extremities: \_\_\_\_\_ Rectal: \_\_\_\_\_

Sono: \_\_\_\_\_

A/P: \_\_\_\_\_

Labs Ordered: \_\_\_\_\_

Signature: \_\_\_\_\_ RR RB JL JS AH EK Date: \_\_\_\_\_

Chaperone Desired? Yes No Initials: