

Hofstra Health & Wellness Center**516-463-6745**

Republic Hall, North Campus

Fax 516-463-5161

Gynecological (GYN) Examinations

In order to facilitate the health care of the Hofstra student, it is the policy of the Wellness Center that all gynecological examination appointments are made in person and that a **\$20.00 fee** is required at the time the appointment is made. Students are required to **fill out forms prior** to their GYN appointment (these forms can be downloaded on the **Hofstra University Wellness Center website** & should be brought to the Wellness Center on your scheduled appointment).

Please make your appointment **mid cycle (2 weeks after your period)**.

Please follow these instructions prior to your appointment:

****2 days prior to your GYN appointment:**

NO tampons, condoms, KY jelly, douches or intercourse.

****Please note that the following tests *may* be performed:**

	NSHS/LIJ
1. PAP Smears: Thin Prep with reflex to High Risk	\$ 152.00
2. Chlamydia	\$ 58.00
3. Gonorrhea	\$ 58.00

(Fees could vary with test ordered & results)

You will be billed by the laboratory directly unless you provide Insurance information and fill out a laboratory slip with same. The importance of these tests will be explained to you during your exam. Should you **decide not to have these tests** performed, please notify your provider during appointment/exam.

****Please note that your signature indicates understanding of the above. You cannot be seen without signing this paper.**


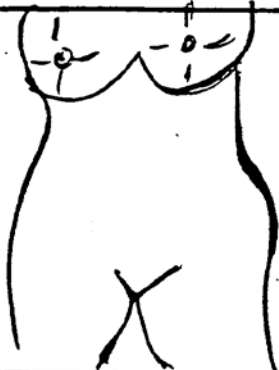


****These charges are subject to change. You will be held responsible for any lab fee incurred from any tests taken.**

Signature _____

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GYNECOLOGY HISTORY & PHYSICAL					
Name		Date		DOB	
Address			Phone		
Medications			<u>Allergies</u>		
Last PAP		Mammography		Contraception	
Obstetrical Hx		T.O.P.		Current: Past:	
Past Medical & Family History (Yes or No)				Detailed Explanation if <u>yes</u> is an answer to any of these questions	
1.Wt.loss/Gain		13.Anemia/Blood Dis			
2.Headaches/Migraines		14.Blood Trans			
3.Heart Dis(MVP - RHD)		15.VaricoseV/Phleb			
4.Hypertension		16.Thyroid Dis			
5.Respiratory Dis		17.Diabetes			
6.Breast Dis		18.Cancer			
Maternal Hx					
Age					
7.Jaundice/Hep		19.Arthritis			
8.Gall Bladder Dis		20Skin Dis.			
9.H.Hernia/Pep Ulcer		21.TB			
10.Bowel Dis		22.Epilepsy/Neuro Dis			
11.Kidney Dis		23.STD - Gonoh - Chlam - Herpes -Syphilis -HIV			
12.Urinary Incon/Infect		24.DES			
HABITS	<u>Cig.</u>	<u>Alcohol</u>	<u>Coffee</u>	<u>Regular</u>	<u>Street</u>
	Per Day	oz./wk.	Cups/Day	Exercise	Drugs
CHIEF COMPLAINT		Age :		LMP:	

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PHYSICAL EXAM					
HT.	WT.		BP.	P.	LMP.
	Nor	Abnorm			
1. Appearance					
2. Skin					
3. HEENT					
4. Thyroid					
5. Lymph					
6. Heart					
7. Lungs					
8. Breasts					
9. Axill Nodes					
10. Supracl N.					
11. Abdomen					
12. Extrem					
13. M. Skelet					
14. Neurolog					
GYNECOLOGICAL EXAM (V) NORM					
Ext. Genitalia					
_B_U_S					
Vagina					
Cervix					
Uterus	Position	Shape	Size	Mobility	
Adnexa					
Rectum					
Investigations					
PAP	Hysteroscopy	G.C. Oral	Rect Vag	CBC Chem	
Ultrasound	Serology	Chlamydia		Urine C&S Analys	
Mammogram	Wet Mount	HIV Screen		Stool	
Colposcopy	Cultures	Preg. Test		Thyroid	
DIAGNOSIS					
TREATMENT					