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:**

<table>
<thead>
<tr>
<th>Test</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PAP Smears:</td>
<td></td>
</tr>
<tr>
<td>Thin Prep</td>
<td>$73.00</td>
</tr>
<tr>
<td>W/Reflex</td>
<td>$87.00</td>
</tr>
<tr>
<td>2. Chlamydia/ Gonorrhea</td>
<td>$124.63</td>
</tr>
<tr>
<td>3. HIV</td>
<td>$97.56</td>
</tr>
<tr>
<td>4. RPR</td>
<td>$81.36</td>
</tr>
<tr>
<td>5. HSV I &amp; II</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

(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

_________________________________________
**GYNECOLOGY HISTORY & PHYSICAL**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last PAP</td>
<td>Mammography</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obstetrical Hx</th>
<th>T.O.P.</th>
<th>Current:</th>
<th>Past:</th>
</tr>
</thead>
</table>

**Past Medical & Family History (Yes or No)**

- Wt. Loss/Gain
- Headaches/Migraines
- Heart Dis (MVP - RHD)
- Hypertension
- Respiratory Dis
- Breast Dis
- Maternal Hx
- Age
- Jaundice/Hep
- Gall Bladder Dis
- H. Hernia/Pep Ulcer
- Bowel Dis
- Kidney Dis
- Urinary Incon/Infect

**Detailed Explanation if yes is an answer to any of these questions**

- Anemia/Blood Dis
- Blood Trans
- Varicose V/Phleb
- Thyroid Dis
- Diabetes
- Cancer
- Arthritis
- Skin Dis.
- TB
- Epilepsy/Neuro Dis
- STD - Gonoh
  - Chlam
  - Herpes
  - Syphilis
  - HIV
- DES

<table>
<thead>
<tr>
<th>HABITS</th>
<th>Cig. Per Day</th>
<th>Alcohol</th>
<th>Coffee</th>
<th>Regular</th>
<th>Street</th>
<th>Drugs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHIEF COMPLAINT</th>
<th>Age</th>
<th>LMP</th>
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</thead>
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*For Appointments Call*  
Hofstra Health & Wellness Center  
Republic Hall, North Campus  
Fax 516-463-5161  

516-463-6745