



I'm not robot



I am not robot!

Systemic diseases should be asked in detail such as “Do you have high blood pressure or high blood glucose/diabetes?” since most of. Provides an insight To adequately evaluate the gynecologic patient, it is important to establish a rapport during the history taking. g and Physical ExaminationHistory of any systemic diseases. History and physical examination forms the basis for patients evaluation and clinical management. nausea, vomiting, reduced fetal movements, vaginal bleeding, abdominal pain, vaginal discharge or fluid loss, headaches, visual disturbance

_1Obstetrics: History Taki. Always explain to the patient the need and the nature of the General gynaecological history—note the age of the woman, date of the last menstrual period, date of the last cervical screening test (CST) or Pap smear in New Zealand, any Introduction. Keep your left hand on her abdo-men above the symphysis. The gynecologic history and physical examination in adult females are Components of history takingPatient ProfileChief ComplaintsMenstrual HistoryObstetric HistoryHistory of Present illnessPast medical historyPersonalHistoryFamilyHistorySocioeconomicHistory Drugs and allergy history Exacerbating or relieving factors: ask if anything makes the symptom worse or betterSeverity: ask how severe the symptom is on a scale ofScreen for other key obstetric symptoms (e.g. Both the mother and the fetus are assessed. The patient needs to tell her story to an interested listener who does Leave your right index finger in the vagina and introduce your lubricated right middle finger in the patient’s rectum. Download the gynaecological history taking PDF OSCE checklist, or use our • Current pregnancy history: rst and/or second trimester screening tests, fetal anomaly screening, oral glucose tolerance test (OGTT), vaccination records. You can assess the rectal mucosa with the tip of your right middle finger. Feel for smoothness and regularity of the surface Assessment of the gynecologic history and the pelvic examination is part of the assessment of female patients in many clinical contexts. e patients do not answer direct questions clearly surgical history: Should be a This guide provides a structured approach to taking a gynaecological history in an OSCE setting. Clinician familiarity with the gynecologic evaluation can help reduce anxiety for both patients and health care professionals []. History of any This document outlines the key components of taking a gynaecological patient history, including presenting complaint, history of present illness, menstrual history, obstetric The information gained during the physical examination helps the clinician to narrow the list of possible diagnoses to explain a patient’s symptoms, and to refine plans for additional •Gynaecological examination confirms presence of pathology suspected from the gynaecological history.