OB/GYN HISTORY AND PHYSICAL EVALUATION FORM

Student: ___________________________  Signature: ___________________________  Date: __________________

Evaluator: ___________________________  Signature: ___________________________  Please check: GYN____OB____

Circle the components of H&P that are presented and check the box for observed history items. Use the Strengths and Improvements sections for student feedback. Please return this form to the student.

History (15 items) - Observed □

Chief Complaint

History of Present Illness (4 elements) 0-----1-----2-----3-----4

Review of Systems (2 systems) 0-----1-----2

Medications/Allergies 0-----1-----2

Family History / Social History / PMH / PSH 0-----1-----2-----3-----4

☐ OB History / GYN History 0-----1-----2

Physical Exam (5 systems / items) - Observed ☑

Vital signs / General / GI / ☑GU / Other 0-----1-----2-----3-----4-----5

Medical Decision Making (5 items)

Labs / Diagnostic Test N/A---0-----1-----2

Assessment / Differential Diagnosis / Plan 0-----1-----2-----3

Areas for Improvement:

Each student is required to hand in 2 H&P evaluation forms, one OB H&P and one GYN H&P. One should be submitted in week 4 with the mid-clerkship evaluation. The other one should be submitted by the end of week 7. At least one of these will be an OBSERVED History & Physical.