

**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**

**Circle the Appropriate Number**

**Strengths:**

Chief Complaint

0-----1

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

**Areas for Improvement:**

OB History / GYN History

0-----1-----2

**Physical Exam (5 systems / items) - Observed**

0-----1-----2-----3-----4-----5

Vital signs / General / GI / GU / Other

**Medical Decision Making (5 items)**

Labs / Diagnostic Test

N/A---0-----1-----2

Assessment / Differential Diagnosis / Plan

0-----1-----2-----3

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.