**SOAP Note Template**

**S: CC:**

**HPI:**

**OB/Gyn History**

**Menstrual history:** **LMP**

**Pregnancy history**:

**History of STIs**:

**Gyne problems/procedures:**

**Urologic health**:

**Previous Paps**?

**Sexual history**:

**Contraceptive use**:

**Abnormal symptoms**:

**General Medical History**:

Current illnesses or disease

Past hospitalizations

Prior surgical procedures

Immunization status

Previous serious illnesses

**Need for any well-woman recommendations:** mamo, colpo, glucose, lipid panel, TSH, vaccines? Etc

**Medications**:

**Allergies:**

**FMH**:

**Psychosocial/Social History/Habits**:

**Safety**:

**Chart Review:**

**O: Vital signs**,

**General**:

**HEENT**:

**Neck:**

**Chest:**

**Heart:**

**Breast exam**:

**Abdomen:**

**Extremities**:

**Pelvic exam**:

**External Genitalia**:

**Vagina:**

**Cervix:**

**Uterus:**

**Adnexae**:

**Diagnostic**:

**A: Diagnosis**

**P: Diagnostic**

**Treatment**

**Education**

**Consultations, Collaborations, or Referrals**

**Follow-up**: