**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**: