

Human Resources Center, Inc.
294 Bethel School Rd. Honesdale PA 18431
(570) 253-3782

ANNUAL GYNECOLOGICAL EVALUATION

Date of appointment: _____

Name of individual: _____

Name of Physician: _____

Presenting Problem: _____

Current Medications: _____

TO BE COMPLETED BY PHYSICIAN

Procedure(s) performed: PAP test _____ Results: _____

Breast Exam: _____ Results: _____

Additional procedures: _____

If the physician recommends no or less frequent gynecological examinations, physicians statement: _____

If the individual refuses evaluation and /or treatment, physicians statement and recommendations: _____

Physicians Signature

Date

(Attach lab report to form once received)