**Gynecology Health History Checklist**

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| **Introduction** * Introduce yourself and provide profession as well as preferred pronouns.

*Rationale:* Introducing yourself and letting the client know your credentials initiates the therapeutic relationship. Adding your pronouns normalizes this information and allows the client to do the same.  | Introduction of your… NameProfession Pronouns  | [ ]  [ ] [ ]  |
| **Identification of Client*** Ask your client their name and preferred pronouns.

*Rationale:* By allowing the client to respond with their name you ensure you have the right person. You can call the person into the room using their name but always have them repeat it for you. | Clients…NamePronouns | [ ] [ ]  |
| **Verify Reason for Encounter*** Let the client know your understanding of why they are here and ask for verification.

*Rationale:* Asking for verification aligns the reason for the visit between client and health care provider. Asking if there are additional concerns allows you to approach the visit in a comprehensive way rather than encouraging multiple visits. | Reason for encounter verifiedAny additional concerns? | [ ] [ ]  |
| **Ask Permission*** Ask the client for permission to initiate the visit and let them know you will be asking questions that may be uncomfortable but are a normal part of your assessment.
* Let them know they can refuse to answer any questions and that all information is bound by PHIPPA guidelines.
* Let them know that you will be starting with a focused health history and then proceed to the gynecological physical examination.

*Rationale:* Allows the client an opportunity to provide consent and prepares them for answering (or refusing to answer) questions that may seem intrusive. | Permission granted  | [ ]  |
| **General Overview*** Complete a cursory assessment of your client’s overall presentation.

*Rationale:* This aspect of assessment is usually included in physical exam but is important to complete prior to Hx as well to ensure there are no red flags requiring urgent or emergent attention. | Safe to proceed with history taking | [ ]  |
| **Demographics*** In addition to name, also determine gender, age, and address.

*Rationale:* Provides foundational information that will be required for ongoing considerations such as productive milestones and serves to identify the correct data is going in the correct record. | Name Gender DOBAddress  | [ ] [ ] [ ] [ ]  |
| **Current Concern*** Include a brief statement of the primary reason the client is seeking care.

*Rationale:* Document this section in the clients’ own words if possible and keep it succinct. | Concern  | [ ]  |
| **History of Present Illness*** A systematic approach to determining the events surrounding the current concern.

*Rationale:* To discover all aspects related to the story of the present illness a systematic approach is recommended. Depending on the concern we recommend OPQRSTU or \*BOLDCARTS to structure enquiries. | BOLDCARTS  | [ ]  |
| **Past Medical History*** Ask about all medical history relevant to the client.

*Rationale:* This includes past and present medical history. Remember to include PMH related to the reproductive system and mental health. For trans clients, asking about sex reassignment surgery will be included. | Medical Gynecology specific Reproductive  | [ ] [ ] [ ]  |
| **Past Surgical History** (can be combined with PMH)* Some health care practitioners prefer to separate PMH from past surgical history.

*Rationale:* In the case of sex reassignment surgery, it is prudent to obtain this separate from medical history (be aware of accepted terminology). For example, transitioning surgery of the genital area is referred to as “bottom surgery”. | Surgeries  | [ ]  |
| **Screening Tests** * Ask about routine screening tests and when these were completed.

*Rationale:* For gynecological health you would ask about most recent Pap test and if the patient is aware of any results. Asking about additional STI screening is also suggested. | Pap HIV STI  | [ ] [ ] [ ]  |
| **Allergies*** Ask about medication, food, and environmental allergies.

*Rationale:* A thorough knowledge of all allergies should be elicited in any encounter. This will help in identifying red flags when prescriptions are needed. | Medication Food Environmental  | [ ] [ ] [ ]  |
| **Medications*** All current and recent prescription and OTC medications should be identified. Supplements are to be included.
* Any prior antibiotics for recent infections should also be identified.

*Rationale:* Medications may reveal PMH that was not identified or medications that are prescribed for no known reason. Examples of medications that can be specific to gynecologic presentations include BCP, hormonal therapy for transitioning, antibiotics related to STI and iron supplements. | Medications OTCRecent A/B | [ ] [ ] [ ]  |
| **Sexual History*** History regarding sexual topics is an important part of the clinical assessment. Best Practice includes a thorough sexual health assessment.

*Rationale:* Completing a thorough sexual health history allows illness prevention and wellness promotion that would otherwise not be addressed. Using the 5P’s is a helpful tool for forming your history questions. | **5 P’s**Partners Practices Protection from STI PMH of STI Pregnancy plan  | [ ] [ ] [ ] [ ] [ ]  |
| **Plus*** Additional gynecologic related questions.

*Rationale:* Additional questions related to a gynecological health assessment include sexual satisfaction, sexual health. Any need for support regarding sexual health, orientation, and gender identity. | Satisfaction Health Support  | [ ] [ ] [ ]  |
| **Safety*** Asking about safety is an important aspect of the gynecological health history.

*Rationale:* Consider trauma, intimate partner violence, other violence, and psychological safety. | Safety concerns  | [ ]  |
| **Review of systems*** A systematic approach to uncover any additional PMH that was not identified.
* Patients are asked to identify problems in each system.

*Rationale:* The ROS requires a systematic approach, and most clinicians take a top-down approach starting at the head and working down to the toes. Starting with broad questions and then narrowing down. For the gynecologic system ROS consider asking “have you had…” any problems with pain in the GI or pelvic area, any concerns with menstruation, any problems with a pregnancy. | Gyne pain Menstruation Pregnancies Children Abortions/MCBowel Bladder  | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Family History*** Ask about family history and focus on gynecologic related responses.

*Rationale:* Questions regarding cancer diagnosis, coagulopathies, and genetic disorders will be helpful. | FH | [ ]  |

\* We have modified the traditional mnemonic OLDCART to include **B** “have you ever had this **B**efore?” and **S** “do you have any safety concerns?”.