

Patient Label:

Date: _____

PCOS Form: New evaluation/ Consult

Subjective Assessment: CC: yo F c/o

Age of menarche:
Regularity of menstruation:
Fertility: G: P: . Use of fertility aids:

Menstruation: Last Period: _____ Induced? Y/N
Spotting: Y N Discharge: Y N
Hirsutism/ Acne problems: Y N

Menopause Sx: Y N

Current Meds for PCOS:
Metformin Dose: _____ since: _____
Spironalactone Dose: _____ or Propecia Dose: _____ since _____
TZD kind: _____ Dose: _____ since: _____
OCP: Type: _____ Dose: _____ Since: _____

Cardiac Risk Factors

HTN Y N ; FHx Y N ; Tobacco Y N ; LDL↑, HDL↓, Trig.↑ Y N ;
Menopausal female Y N
PMHx: •Meds see flow Drug Allergies:
•See also PHQ

SH: M D S W. Cigs: none or ___#ppd
Quit cigs: yrs ago, prev smoked ppd.
EtOH: ___# per week
Work: Retired FT PT
Type of wk.:

FHx: 

Additional ROS: See PHQ

Objective Assessment

1. Physical Exam •Vital Signs—see flow sheet
Gen: NAD; A&Ox3; Dull Facies; Slow Movement; Puffy hands/face
Hair: Normal Coarse Fine Thick Thin Eyebrows
Eyes: Normal Proptosis cheimosis icterus Lid lag Stare
Skin: Cool Warm Dry Oily Rough Smooth Hyperpigmentation Vitiligo
Nails: Normal Onchyolysis Clubbing
Neck & Thyroid: tender/non spongy/rubbery/firm enlarged/small size _____
Nodules Bruit

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CV: RRR no M, G or R. or:

Lung: CTA B. No W, R, R. or:

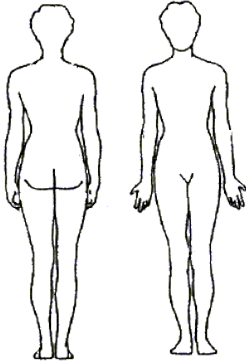
Abd: Soft NT ND BS Bruit HSM: Y/N

Neuro: Cranial nerves Mental status: Gait: motor/ sensory:

Tremor: None Mild Moderate Severe

Other:

Skin: Striae: _____, Acanthosis: _____, Bruising: _____



Refer to Table:

SEVERITY (0-4+):	Face	Chest	Adb/Back	Legs
ACNE				
HIRSUTISM				

Breast: NE or: Development: _____, Mass: _____, Discharge: _____

Genital: NE or:

Labs

FSH:	LH:	TSH:	Testost: T: F:
DHEA-S:	Prolactin:	Glucose: F: 2 hpp:	Lipids: Total Trigl: HDL: LDL:
Androstenedione:	24hr free cortisol:	Other:	

Medical Decision Making:

Assessment

PCOS: Y N mild moderate severe

Dysmetabolic. syndrome: _____

Hirsutism: Y N

Oligomenorrhea: Y N

Dyslipidemia: Y N

IGT or DM: Y N

Other:

Counseling/Coordination of Care Time: _____ Total time with pt.: _____

Pathophysiology:

Weight Management:

Exercise: __d/wk.; __min; Type _____; Precautions _____

Diet: ↓fat content____; calorie/d____; carb budgeting____; portion control____

Behavior Mod. Techniques: Biofeedback _____; hypnosis____; relaxation tech. ____

Stress mngmt. _____; Recomm. Reading _____

Brochures: _____; Meds: _____

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Bariatric Surg Ref: _____

CV Risk: Acute: Low Med High
Chronic: Low Med High
DM Risk: Acute: Low Med High
Chronic: Low Med High
Infertility Risk: Low Med High
Chronic: Low Med High

Treatment Options: OCP: _____ Metformin: _____ Aldactone/ Propecia: _____
Clomid: _____ TZD: _____

Plan:

- Goals:
 - Weight loss:
 - Fertility:
 - Hair control:
 - Diabetes/ CAD Prevention:
- Diet:
- Exercise:
- Meds:

Follow-up Labs:

Chem 7	Lipids	Testost: T/F	ALT	Glu Tol.	hs CRP

Notes/Comments/Pressing Concerns:

Materials/ Information given:

- Instruction sheet
- PCOS information
- Fast food
- Portion Control
- Food Diary information
- Hypnosis information
- Diabetes medication information
- Walking program

Flowsheet created
Labs reviewed and pt. Notified

Labs to be reviewed by phone

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Return Visits:

Physician: _____

Referrals:

Physician: _____

RD : _____

Other : _____

Signature: _____

Patient Instructions: