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|  | | | | **郑州市中心医院高新院区**  **妇女病检查表** | | | | | | | **序号：«employee»** | | |
| «BarcodeNum» | | | |
| 姓名 | «Name» | | | 年龄 | «Age» | 单位 | | «Unit» | | | | | |
| 婚龄 |  | 孕次 | |  | 产次 |  | | 实产 | |  | | 未产 |  |
| 月经初潮 |  | 周期 | |  | 经量 |  | | 末次月经 | |  | | 绝经 |  |
| 妇科症状 |  | 腹痛 | |  | | 白带 |  | | | | 经期间流血 | |  |
|  | | 搔痒 | |  | | 其它 |  | | | | | | |
| 过去重要病史 | | | |  | | | | | | | | | |
| 肿瘤家族史与本人关系 | | | |  | | | | | | | | | |
| 妇科检验 |  | | | | | | | | | | | | |
| 外阴: 小阴唇: 穹窿:触痛结节（有 无） | | | | | | | | | | | | | |
| 阴道: 脱垂情况 | | | 松弛程度: | | | 容\_\_\_\_\_指 | | |  | 其他: | |  | |
| 宫颈:光滑 柱状上皮移位（ Ⅰ Ⅱ Ⅲ） 那囊 | | | | | | | | | | | | |  |
| 裂伤 肥大 外翻 息肉 萎缩 | | | | | | | | | | | | | |
| 宫体:位置 大小 硬度 压痛 活动 光滑 脱垂 | | | | | | | | | | | | | |
| 附件:左侧 右侧 | | | | | | | | | | | | | |
| 肛诊: | | | | | | | | | | | | | |
| 漏尿情况: 疼痛情况: 性生活满意度: | | | | | | | | | | | | | |
| 便秘: 痔疮: 腹直肌: | | | | | | | | | | | | | |
| 涂片检查 |  | | | | 滴虫 |  | | | | 霉菌 | |  | |
| 临床诊断 |  | | | | | | | | | 检查医生 | |  | |
| 宫颈刮片 |  | | | | | | | | | | | | |
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