

PROGRESS NOTES

ANNUAL FAMILY PLANNING EXAM

DATE EACH
ENTRY IN THIS
COLUMN

- S.
1. Patient requests annual Family Planning exam.
 2. Patient denies serious illness or hospitalization since the last visit
Yes or No Explain:
 3. Recent infections or illness Yes or No Explain:
 4. Current medications:
 5. Current problems(s) with medications:
 6. Birth control methods uses since the previous visit _____ Last Month _____
 7. Any Problems with current family planning method? Explain: _____
 8. Patient requests the same or different method.
 9. Additional concerns of patient:

Signature & Title

- O/A
1. See flow sheet.
 2. Pertinent information form review of clinical history:

- P.
1. Annual history updated.
 2. Patient is able to identify problems experienced with chosen method.
 3. Patient is able to explain how she uses her method.
 4. Patient is doing self-breast exams correctly or instructed on how to do the exam.
Needs instruction Yes or No Literature given.
 5. Patient given _____ packages of _____
Expiration date _____ lot number _____
Patient to start method on _____ of mensus.
 6. Given VC film and 10 condoms with instructions. Given 1 package of VC film
Patient verbalized understanding of usage of film and condoms.
 7. Additional counseling given:
 8. Patient to call _____ for next appointment.

Signature & Title

Name:

PF#