

PIEDMONT GYNECOLOGY & OBSTETRICS, P.C.

Problem Oriented Visit

Name

Exam Date

Last Menstrual Period

Contraception or Hormone Replacement Therapy

Description of Your Current Problem

M.D. Notes and Exam

Assessment

Plan

Decision: S LC MC HC
Severity: MI LS MS HS
SR RP SC UE
LT

Time: _____ min.