MALE FAMILY PLANNING EXAM FORM

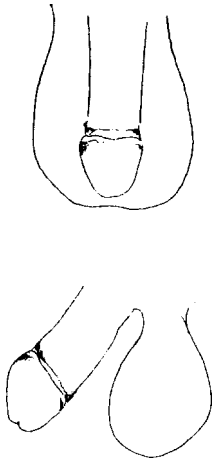
SUBJECTIVE: _____

_____

EXAMINATION:

BP _____ WT _____

	NL	ABNL	N/A
Skin	❒	❒	❒
Lungs	❒	❒	❒
Heart	❒	❒	❒
Abdomen	❒	❒	❒
Groin lymph nodes	❒	❒	❒
Urethral discharge	❒	❒	❒
Penis shaft	❒	❒	❒
Penis glans	❒	❒	❒
Scrotum	❒	❒	❒
Inguinal canal	❒	❒	❒
Testes descended	❒	❒	❒
Rectal exam	❒	❒	❒
Anal area	❒	❒	❒
Other	❒	❒	❒



STAT TESTS DONE:

❒ Gram stain: ❒ Neg ❒ Pos
PMN's _____

❒ UA dip: LE _____ Nitrate _____
prot _____ blood _____
other _____

❒ UA micro: WBC _____ RBC _____
bact _____ other _____

EDUCATION: Safer sex Testicular self exam
Smoking: advised to quit/congratulated Partner treatment
Condom use
Other: _____

LITERATURE GIVEN: Smoking HIV STD's
Other: _____

Assessment:

Plan:

TESTS SENT: ❒ CT ❒ GC ❒ HSV ❒ HIV
❒ RPR ❒ Hep B ❒ Hep C ❒ Lipids

Referrals: _____

Circle medications prescribed:

1) Condoms: _____ #given
2) Azithromycin 1gm po
3) Ceftriaxone 125mg 1M given
4) Cefixime 400mg po
5) Doxycycline 100mg 1 po BID x 7 days
6) Metronidazole 500 mg 4 po once
7) Acyclovir 400 mg 1 po TID x _____ days

Other: _____

_____

SIGNATURE DATE

Chart Label

Public Health
Seattle & King County

CS 13.22.76
FPMALEXAM.P65
10/00