## **PROMPTS**

Last menstrual period - LMP Last pap smear Prev Hx of abn Pap smear Pap register Any HX Break thru bleeding BTB Post coital bleed PCB Discharge DC Sores **Urinary symptoms** STI screening How does she feel. Relationship -M/F Sex outside relationship Contraception **Breast** Pelvic floor issues **Smoking** Physical exam Plan **Pathology** Follow up