

# Gynaecological History

## Presenting complaint(s)

- Determine symptoms which brought patient in

## History of presenting complaint(s)

- **Explode every symptom**
  - Time-frames
  - Symptom-specific questions (see OSCEstop notes on [exploding symptoms](#))
- **Relevant systems reviews** (see OSCEstop notes on [systems review](#))
  - General
  - Gynaecological
    - PV bleeding: menorrhagia, inter-menstrual bleeding, post-coital, post-menopausal bleeding
    - PV discharge
    - Pain: pelvic/dysmenorrhoea/dyspareunia
    - Pregnancy (chance could be pregnant)
  - Gastro (ΔΔ IBS, Ca, appendicitis, diverticulitis etc)
  - Urological (ΔΔ UTI, incontinence etc)

## Menstrual history

- 1<sup>st</sup> day of LMP
- Menarche (13y average), menopause (51y average)
- Regularity of cycle & length (21-35 days)
- Duration of period (3-7 days) & how periods are (heaviness (80ml normal), flooding, pain)

## Obstetric history

- Children: number, ages, birth-weights, delivery, abnormalities of pregnancy
- Miscarriages: inc stage, complications, treatment
- Terminations: stage, method, problems after

## Sexual history

- Regular partner: M/F, how long, how many partners in last 3/6/12 months
- Intercourse: type, pain/ discomfort
- Infertility

## Cervical smear and Contraception history

- Smear: date of last smear, results
- Contraception

NOTE: some parts of MOSC are more or less important depending on the presenting complaint – adapt as necessary

## Rest of history as normal

- PMHx
- DHx: inc HRT/hormones, allergies
- FHx: Ca breast/bowel/ovary
- SHx