

### 3.7 Annual Exam

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SUBJECTIVE	<u>Must Include:</u> Update of the comprehensive health history obtained at the initial visit according to Title X Guidelines (APPM Clinical Management Section 5.1.5)
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OBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none"><li>1. Physical exam according to Title X Guidelines.</li><li>2. Blood Pressure.</li><li>3. Height/Weight/BMI.</li></ol>
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LABORATORY	<ol style="list-style-type: none"><li>1. Pap smear, as indicated by current guidelines. (See protocol 13.3)</li><li>2. STI testing as indicated.</li></ol>
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ASSESSMENT	No condition that represents an unacceptable risk to CHCs (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 – Appendix A).
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PLAN	<ol style="list-style-type: none"><li>1. Prescribe CHC for approximately one year.</li><li>2. RTC 1 year or prn.</li></ol>
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CLIENT EDUCATION	<ol style="list-style-type: none"><li>1. Reinforce CHC education and review danger signs with special attention to ACHES.</li><li>2. Obtain written informed consent for CHC use as necessary.</li><li>3. Provide manufacturer's patient information package insert.</li><li>4. Stress nutritional requirements.</li></ol>
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CONSULT/REFER TO PHYSICIAN	<ol style="list-style-type: none"><li>1. Consult with physician when U.S. Medical Eligibility Criteria is Category 3.</li><li>2. Presence of danger signs for CHCs.</li></ol>
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