

**Episodic/Focused SOAP Note Template**  
**Week 5/Case Study**

D.M. is a 52-year-old African American, G2T1P0A1L1 female presenting to the clinic with complaints of abnormal bleeding and pelvic pressure. She works full-time as a receptionist for Gunn Honda. Medical history includes Grave disease, anemia, CAD, hypertension, obesity, and osteopenia. Surgical history includes D&C, tubal ligation, endometrial biopsy (in office). She currently takes metoprolol, aspirin, progestin mini pills, and iron. She is allergic to PCN. Family history, Mother has a history of hypertension and obesity, alive and 75, Father passed away from MI at 57. Social history is negative for illicit drug use or smoking, she reports having 1-2 glasses of wine/week. GYN history, the onset of menses age 14, heavy bleeding, menses irregular since age 48. She has some cramping and pelvic pain and pressure with menses. She lives a sedentary lifestyle, minimal exercise 1-2 times a week, wears seatbelts when in the car, denies texting and driving. She reports she has been bleeding for 14 days.

**Patient Information:**

D. M., 52, Female, African American

**S.**

**CC (chief complaint):** Abnormal vaginal bleeding

**HPI:** 52-year-old African American, G2T1P0L1, presents to the OBGYN complaints of abnormal bleeding and pelvic pressure. Patient has a history of menorrhagia and dysmenorrhea, reports bleeding for over 14 days.

Location: Vagina

Onset: Intermittently, 6 months ago

Character: Bleeding, pelvic pressure

Associated signs and symptoms: Heavy menstruation, cramping, bloating

Timing: During, before, and after menstruation

Exacerbating/relieving factors: Ibuprofen helps

Severity: 6-7/10 pain scale

**Current Medications:**

1. Metoprolol 25mg qd
2. Aspirin 81mg qd
3. Iron Ferrous Sulfate 65mg, bid daily
4. Camila, Progestin-only mini qd