

V. 1 PHYSICAL EXAMINATION

Visit 01

CLINICIAN NUMBER

10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9

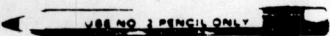
TIME BEGINNING	1 ID NUMBER							VISIT NO
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

2 DATE		
MONTH	DAY	YEAR

LEGEND

- = Optional
- § = Further Evaluation

DIRECTIONS



Make dark mark that fills the circle completely.

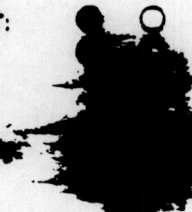
Examples:

INCORRECT:

YES	NO
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>

CORRECT:

Erase cleanly:



Make no stray marks.

Do not fold this sheet.

3. HEIGHT

FEET		INCHES	

4. WEIGHT

POUNDS		

5. BLOOD PRESSURE Sitting, Right Arm

SYSTOLIC				DIASTOLIC			

6. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking of

7 PULSE

Beats in 30 seconds X 2

DONE	NOT DONE	

8. RESPIRATION

In 30 seconds X 2

DONE	NOT DONE	

DO NOT MARK IN THIS AREA

3446

9. *APPEARANCE

Normal Abnormal

Abnormal Findings

DONE

10. SKIN/HAIR/NAILS (Excluding genital area)

NO YES Normal Abnormal

Lesions present

Lesions consistent with:

§ a. fungus infection

§ b. bullous impetigo

§ c. Kaposi's sarcoma

Tattoo present

Needle marks

Other

Please describe in box at right

11. EAR, NOSE, THROAT

Normal Abnormal (insp - tonsils)

§ a. Consistent with oral thrush/candidiasis

If yes, KOH negative

NO YES

or KOH positive

NOT DONE

§ b. Consistent with herpetic lesions

NO YES

§ c. Chancre present

NO YES

d. Other

NO YES Please describe

12. *EYES

Normal Abnormal

a. Conjunctiva

1) Redness

NO YES

2) Discharge

NO YES

b. Scleral icterus

NO YES

c. Exudates

Hard

Soft

R

NO YES NO YES

L

NO YES NO YES

Did examiner dilate pupils?

NO YES

d. Other

NO YES Please describe

DONE

NOT DONE

13. LYMPH NODES

If nodes are ENTIRELY normal, mark here →

		For abnormal nodes at each site.																			
		Ab-normal	If discrete, give number									Give (average) diameter of node(s) in cm.									Note tender, matted, etc. Comment below
			1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
Occipital	R	○																			
	L	○																			
Post. auricular	R	○																			
	L	○																			
Pre-auricular	R	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
	L	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
Submental/ submandibular	R	○																			
	L	○																			
Ant. cervical	R	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
	L	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
Post. cervical	R	○																			
	L	○																			
Supraclavicular	R	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
	L	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
Axillary	R	○																			
	L	○																			
Epitrochlear	R	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
	L	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
Inguinal	R	○																			
	L	○																			
Femoral	R	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	
	L	○	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	

14. CHEST AND LUNGS

Normal _____ Abnormal _____

DONE _____

NOT DONE

Abnormal Findings: _____

15. HEART

Normal _____ Abnormal _____

DONE _____

NOT DONE

Abnormal Findings: _____

16. ABDOMEN

Normal _____ Abnormal _____

- § a. Liver
Percussed size in mid-clavicular line →
- § b. Spleen (Rt. lateral decubitus, flexed knees/hips)
Palpable on inspiration below right costal margin
- Size below LCM →
- c. Other NO YES Please describe

cm _____

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

NO YES

cm _____

0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

17. ANAL/RECTAL EXAMINATION

Normal _____ Abnormal _____

- a. Discharge
- § 1) bloody
- § 2) mucous
- § 3) purulent
- § b. Herpetic lesions
- § c. Warts
- * d. Prostate
- enlarged
- tender
- § e. Digital exam
- tender anal canal
- f. Hemorrhoids, external
- § g. Laceration/Fissure/Fistula
- h. Scarring
- i. Other - please describe

NO YES

DONE NOT DONE

GENITALIA

Normal _____ Abnormal _____

- § a. Penile discharge
- watery
- purulent
- bloody
- § b. Skin
- 1) Chancro
- tender
- 2) Warts
- 3) Herpetic lesion:
- 4) Scabies

NO YES

19. *EXTREMITIES

Normal _____ Abnormal _____

Describe abnormalities

20. *NEUROLOGIC EXAM

Normal _____ Abnormal _____



DO NOT MARK IN THIS AREA

3446

TIME ENDING			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
AM	PM		