V.2, 3

FOLLOW-UP VISIT

Visits 2-3

PHYSICAL EXAMINATION

= Visit Number

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

VISIT NO. VISIT_##

1. ID NUMBER MACSID

2. DATE

MONTH	DAY	YEAR
PEDTM_##	PEDTD_##	PEDTY_##

CLINICIAN NUMBER

3. HEIGHT

FEET	INCHES
HEIGHIN_##	

4. WEIGHT WEIGHLB_##

5. BLOOD PRESSURE Sitting, Right Arm

SYSTOLIC	DIASTOLIC
SBP_##	DBP_##

§ **6. ORAL TEMPERATURE** At least 30 minutes after smoking, eating, or drinking °F — TEMP_##

* **7. PULSE** Beats in 30 seconds X 2 — DONE ○ NOT DONE ○ — PULSE_##

* **8. RESPIRATION** In 30 seconds X 2 — DONE ○ NOT DONE ○ — RESP_##

LEGEND

* = Optional

§ = Further Evaluation

DIRECTIONS

USE NO. 2 PENCIL ONLY

Make dark mark that fills the circle completely.

Examples:

	YES	NO
INCORRECT:	○	⊘
	○	⊗
	○	◉
	○	●
	○	◕
CORRECT:	●	○
	●	○

Erase cleanly.

Make no stray marks.

Do not fold this sheet.

DO NOT MARK IN THIS AREA

29419

9. *APPEARANCE

Normal ○ Abnormal ○

APPEA_##

DONE ○

NOT DONE ○

Abnormal Findings

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

Normal ○ Abnormal ○

	NO	YES	
Lesions consistent with:			
§ a. fungus infection			SHNFU_##
§ b. bullous impetigo			SHNBI_##
§ c. Kaposi's sarcoma			SHNKA_##
Tattoo present			SHNTA_##
Needle marks			SHNND_##
Other			SHNOT_##

Please describe in box at right →

11. EAR, NOSE, THROAT

Normal ○ Abnormal ○ (inspect tonsils)

§ a. Consistent with oral thrush/candidiasis	NO ○	YES ○		ENTTH_##
If yes, KOH negative ○	or KOH positive ○		NOT DONE ○	ENTKO_##
§ b. Consistent with herpetic lesions	NO ○	YES ○		ENTHP_##
§ c. Chancre present	NO ○	YES ○		ENTCH_##
d. Other	NO ○	YES ○		ENTOT_##

Please describe in box at right →

12. *EYES

Normal ○ Abnormal ○

DONE ○

NOT DONE ○

a. Conjunctiva			
1) Redness	NO ○	YES ○	EYRED_##
2) Discharge	NO ○	YES ○	EYDIS_##
b. Scleral icterus	NO ○	YES ○	EYSCI_##

c. Exudates	Hard	Soft
R	NO EYXRH_## ○	NO EYXRS_##
L	NO EYXLH_## ○	NO EYXLS_##

Did examiner dilate pupils? NO EYDIL_##

d. Other NO ○ YES ○ Please d EYOTH_## →

DO NOT MARK IN THIS AREA

13. §LYMPH NODES

If nodes are ENTIRELY normal, mark here → ○

		Normal	Abnormal	For abnormal nodes at each site, If discrete, give number	Give (average) diameter of node(s) in cm.		COMMENT NO	COMMENT YES	Note tender, matted, etc. Comment below
Occipital	R	○	○	OCCR_##	OCCRN_##	OCCRD_##	○	○	
	L	○	○	OCCL_##	OCCLN_##	OCCLD_##	○	○	
Post. auricular	R	○	○	POAUR_##	POARN_##	POARD_##	○	○	
	L	○	○	POAUL_##	POALN_##	POALD_##	○	○	
Pre-auricular	R	○	○	PRAUR_##	PRARN_##	PRARD_##	○	○	
	L	○	○	PRAUL_##	PRALN_##	PRALD_##	○	○	
Submental/ submandibular	R	○	○	SUBMR_##	SUBRN_##	SUBRD_##	○	○	
	L	○	○	SUBML_##	SUBLN_##	SUBLD_##	○	○	
Ant. cervical	R	○	○	ACERR_##	ACERN_##	ACERD_##	○	○	
	L	○	○	ACERL_##	ACELN_##	ACELD_##	○	○	
Post. cervical	R	○	○	PCERR_##	PCERN_##	PCERD_##	○	○	
	L	○	○	PCERL_##	PCELN_##	PCELD_##	○	○	
Supraclavicular	R	○	○	SCLVR_##	SCLRN_##	SCLRD_##	○	○	
	L	○	○	SCLVL_##	SCLLN_##	SCLLD_##	○	○	
Axillary	R	○	○	AXILR_##	AXIRN_##	AXIRD_##	○	○	
	L	○	○	AXILL_##	AXILN_##	AXILD_##	○	○	
Epitrochlear	R	○	○	EPTRR_##	EPTRN_##	EPTRD_##	○	○	
	L	○	○	EPTRL_##	EPTLN_##	EPTLD_##	○	○	
Inguinal	R	○	○	INGNR_##	INGRN_##	INGRD_##	○	○	
	L	○	○	INGNL_##	INGLN_##	INGLD_##	○	○	
Femoral	R	○	○	FEMR_##	FEMRN_##	FEMRD_##	○	○	
	L	○	○	FEML_##	FEMLN_##	FEMLD_##	○	○	

14. *CHEST AND LUNGS

Normal ○ Abnormal ○ CHEST_##

DONE ○

NOT DONE ○

Abnormal Findings:

15. *HEART

Normal ○ Abnormal ○ HEART_##

DONE ○

NOT DONE ○

Abnormal Findings:

MAKE NO STRAY MARKS

16. ABDOMEN

Normal ◯ Abnormal ◯

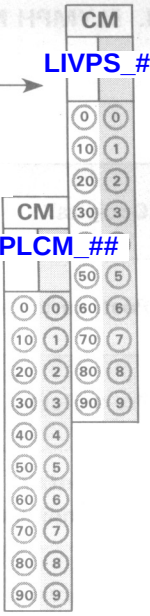
§ a. Liver
Percussed size in mid-clavicular line → LIVPS_##

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips)
Palpable on inspiration below left costal margin — NO YES SPLPL_##

Size below LCM → SPLCM_##

c. Other NO ◯ YES ◯ Please describe ABDOT_##

CM



17. ANAL/RECTAL EXAMINATION

Normal ◯ Abnormal ◯

	NO YES
a. Discharge	ARDIS_##
§ 1) bloody	ARBLD_##
§ 2) mucous	ARMUD_##
§ 3) purulent	ARPUD_##
§ b. Herpetic lesions	ARHPL_##
§ c. Warts	ARWRT_##
* d. Prostate	
enlarged	ARPLG_##
tender	ARPTN_##
§ e. Digital exam	
tender anal canal	ARTAC_##
f. Hemorrhoids, external	ARHEM_##
§ g. Laceration/Fissure/Fistula	ARLFF_##
h. Scarring	ARSCR_##
i. Other — please describe	AROTH_##

18. GENITALIA

Normal ◯ Abnormal ◯

	NO YES
§ a. Penile discharge	GPDIS_##
watery	GPDWA_##
purulent	GPDPU_##
bloody	GPDBL_##
§ b. Skin 1) Chancre	GSCHC_##
tender	GSTEN_##
2) Warts	GSWRT_##
3) Herpetic lesions	GSHPL_##
4) Scabies	GSSCB_##
c. Other — please describe	GOTH_##

19. *EXTREMITIES

Normal ◯ Abnormal ◯

Describe abnormalities

DONE ◯ NOT DONE ◯

EXTRM_##

20. *NEUROLOGIC EXAM

Normal ◯ Abnormal ◯

DONE ◯ NOT DONE ◯

NEURO_##

DO NOT MARK IN THIS AREA

29419