

16

# FOLLOW-UP VISIT PHYSICAL EXAM

## MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- Do **NOT** fold this form.



**LEGEND** § = Further Evaluation

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

**1. ID NUMBER**

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

**2. DATE**

	DAY	YR
JAN		
FEB		
MAR	0 0	
APR	10 1	91
MAY	20 2	92
JUN	30 3	93
JUL	4	94
AUG	5	95
SEP	6	
OCT	7	
NOV	8	
DEC	9	

**3. WEIGHT**

POUNDS

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**4. BLOOD PRESSURE**  
Sitting, Right Arm

SYSTOLIC			DIASTOLIC		
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

**5. ORAL TEMPERATURE**  
At least 30 minutes after smoking, eating, or drinking

				°F
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	

## 6. SKIN/HAIR/NAILS (Excluding genital area)

### a. Fungal infection lesions (excluding athletes foot)

- |                             | NO                    | YES                   |
|-----------------------------|-----------------------|-----------------------|
| § 1) Intertriginous candida | <input type="radio"/> | <input type="radio"/> |
| § 2) Tinea versicolor       | <input type="radio"/> | <input type="radio"/> |
| § 3) Onychomycosis          | <input type="radio"/> | <input type="radio"/> |

b. Herpes Zoster (active)  NO  YES

c. Molluscum contagiosum  NO  YES

d. Seborrhea  NO  YES

e. Psoriasis  NO  YES

f. Other (please describe below)  NO  YES


## g. Kaposi's Sarcoma

§ 1) Skin Lesions  NO  YES

**IF YES: Number of lesions**

1 - 2    3 - 10    >10

**Diameter of largest lesion in cms.**

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

cms

§ 2) Oral lesions  NO  YES

§ 3) Anal/perianal lesions  NO  YES

Not examined

**Comments:**




**7. OROPHARYNGEAL**

NO YES

§ a. Consistent with oral thrush/candidiasis  NO  YES

IF YES:

- KOH negative
- OR-
- KOH positive

§ b. Consistent with herpetic lesions  NO  YES

§ c. Gingivitis/gum disease  NO  YES

§ d. Oral hairy leukoplakia  NO  YES

e. Other (please describe below)  NO  YES

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**8. EYES**

NO YES

a. Conjunctiva  NO  YES

1) Redness  NO  YES

2) Discharge  NO  YES

b. Scleral icterus  NO  YES

c. Other (please describe below)  NO  YES

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**9. § Lymph Nodes**

NO YES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm?  NO  YES

**SKIP TO Q 10** ←

b. Presence of node ≥ 1 cm

1) Occipital Right    
Left

2) Post. auricular Right    
Left

3) Pre-auricular Right    
Left

4) Submental/submandibular Right    
Left

5) Ant. cervical Right    
Left

6) Post. cervical Right    
Left

7) Supraclavicular Right    
Left

8) Axillary Right    
Left

9) Epitrochlear Right    
Left

c. What is the diameter of the largest node present?

1 - 2 cm  2.1 - 4 cm  > 4 cm

d. Are any of the nodes tender?  NO  YES

e. Are any of the nodes matted?  NO  YES

**10. ABDOMEN**

§ a. Liver

Percussed size in mid-clavicular line

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

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips)

Palpable on inspiration below left costal margin NO YES

Size below LCM

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

c. Other (please describe below) NO YES

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Mark here if rectal exam was declined.

**11. ANAL/RECTAL EXAMINATION**

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
|                                  | NO                       | YES                      |
| a. Discharge                     | <input type="checkbox"/> | <input type="checkbox"/> |
| § b. Herpetic lesions            | <input type="checkbox"/> | <input type="checkbox"/> |
| § c. Warts                       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Prostate                      |                          |                          |
| 1) Enlarged                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Tender                        | <input type="checkbox"/> | <input type="checkbox"/> |
| § e. Digital exam                |                          |                          |
| 1) Tender anal canal             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hemorrhoids, external         | <input type="checkbox"/> | <input type="checkbox"/> |
| § g. Laceration/Fissure/Fistula  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (please describe below) | <input type="checkbox"/> | <input type="checkbox"/> |

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**12. GENITALIA**

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
|                                | NO                       | YES                      |
| § a. Urethral discharge        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Circumcised                 | <input type="checkbox"/> | <input type="checkbox"/> |
| § c. Skin                      |                          |                          |
| 1) Condyloma acuminata (warts) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Pediculosis                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Tinea cruris                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Herpetic lesions (active)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please describe below)  | <input type="checkbox"/> | <input type="checkbox"/> |

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**13. EXAMINER'S IMPRESSIONS (use back of page if necessary)**

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Chest and Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological Exam	<input type="checkbox"/>	<input type="checkbox"/>	

