

**WIHS MEDICAL RECORD ABSTRACTION FORM
SURGICAL PROCEDURES**

**FORM CA2
FORM VERSION 04/15/96**

RECORD NUMBER:

WIHS ID NUMBER:

SEQUENCE
FORM # _____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

ABSTRACTOR'S INITIALS:

____/____/____
M D Y

A1. Date of abstraction _____/_____/_____
M D Y

A2. a. Event Code: b. Event Code:

A3. Are the surgical results available?
Yes1
No.....2 (END)

B. SURGICAL INFORMATION

B1. Operative Report
a. Procedure Performed
(25 characters or less) _____

b. Date Performed _____/_____/_____
M D Y

c. Primary Indication/Pre-Operative Diagnosis Indicated
Yes1
No.....2 (B2)

i. (Specify) _____

B2. Operative Findings:
a. _____

B3. Were specimens sent for laboratory evaluation?
Yes1 (Complete the relevant Form CA4 or Form CA5)
No.....2