

**WIHS MEDICAL RECORD ABSTRACTION FORM  
CT/MRI**

**FORM CA6  
FORM VERSION 04/15/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE:

FORM #    OF   

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

   /    /     
M                  D                  Y

ABTRACTOR'S INITIALS:

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A1. Date of abstraction    /    /     
M                  D                  Y

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

A3. Are the CT/MRI/Ultrasound results available?  
Yes .....1  
No.....2 (END)

B1. Date performed    /    /     
M                  D                  Y

B2. Type of scan (Circle one code):  
CT (computerized axial tomogram) .....1  
MRI (magnetic resonance imaging) .....2

B3. Read as normal scan?  
Yes.....1 (END)  
No .....2

B4. Diagnostic Conclusions/Impressions:  
a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_