

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

**FORM CA6
FORM VERSION 06/01/97**

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:

____|____|____|

A1. Date of abstraction

____/____/____
M D Y

A2. a. Event Code:

____|____|____|

b. Event Code:

____|____|____|

A3. Are the CT/MRI/Ultrasound results available?

Yes1
No.....2 (END)

SECTION B: RESULTS

B1. Date performed

____/____/____
M D Y

B2. Type of scan (Circle one code):

CT (computerized axial tomogram)1
MRI (magnetic resonance imaging)2
Ultrasound3

B3. Read as normal?

Yes.....1 (END)
No2

B4. Diagnostic Conclusions/Impressions:

a. _____

