

**WIHS MEDICAL RECORD ABSTRACTION FORM
CMV RADICULOMYELOPATHY**

**FORM M3
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

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

____/____/____
M D Y

SECTION B: PHYSICAL FINDINGS

B1. Exam Date:

____/____/____
M D Y

B2. Physical findings on exam (Circle yes or no for each of the following):

	<u>YES</u>	<u>NO</u>
a.) None recorded.....	1 (END)	2
b.) Decreased lower extremity strength	1	2
c.) Decreased lower extremity reflexes	1	2
d.) Decreased lower extremity sensation	1	2
e.) Normal lower extremities	1	2

SECTION C: LABS

C1. CSF (CEREBROSPINAL FLUID):

Obtained.....	1 (Complete Form CA7)
Not obtained.....	2