

**WIHS MEDICAL RECORD ABSTRACTION FORM  
ORAL CANDIDIASIS (THRUSH)**

**FORM M18  
FORM VERSION 08/15/97**

RECORD NUMBER:  WIHS ID NUMBER:  SEQUENCE  
FORM #  OF   
DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:  /  /  ABTRACTOR'S INITIALS:

A1. Date of abstraction  /  /   
M D Y

**PROMPT: IF ORAL CULTURE OBTAINED, COMPLETE FORM CA5  
IF ORAL BIOPSY OBTAINED, COMPLETE FORM CA4**

**SECTION B: LABS**

B1. Positive wet prep for yeast of oral smear?  
Yes .....1  
No.....2 (B2)

a. Date of wet prep:  /  /  (END)  
M D Y

B2. Positive oral culture for Candida/thrush?  
Yes .....1 (END and Complete Form CA5)  
No.....2

B3. Positive oral biopsy for Candida/thrush?  
Yes .....1 (END & Complete Form CA4)  
No.....2

**SECTION C: PHYSICAL FINDINGS**

	<u>YES</u>	<u>NO</u>
C1. Documented white lesion c/w candida/thrush in mouth? ..... 1 (END)	1	2
C2. Documented erythematous erosive lesion c/w candida/thrush in mouth? ..... 1 (END)	1	2
C3. Documented angular cheilitis c/w candida/thrush? ..... 1	1	2