### FOLLOW-UP VISIT

#### PHYSICAL EXAM

**MARKING INSTRUCTIONS**
- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.

**LEGEND**
- **§** = Further Evaluation

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>DATE</th>
<th>WEIGHT</th>
<th>BLOOD PRESSURE</th>
<th>ORAL TEMPERATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
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<tr>
<td><strong>2.</strong></td>
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<td><strong>3.</strong></td>
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<td><strong>4.</strong></td>
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<tr>
<td><strong>5.</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### 192596

**Visits 17 - 20**

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6. SKIN/HAIR/NAILS (Excluding genital area)
   a. Fungal infection lesions (excluding athletes foot)
      1) Intertriginous candida
      2) Tinea versicolor
      3) Onychomycosis

b. Herpes Zoster (active)

c. Molluscum contagiosum

d. Seborrhea

e. Psoriasis

f. Other (please describe below)

---

g. Kaposi’s Sarcoma
   **§ 1)** Skin Lesions
      - **No**
      - **Yes**
      - **IF YES:** Number of lesions
        - 1 - 2
        - 3 - 10
        - >10
      - Diameter of largest lesion in cms.
        - 0
        - 1
        - 2
        - 3
        - 4
        - 5
        - 6
        - 7
        - 8
        - 9
        - 10
        - 11
        - 12
        - 13
        - 14
        - 15
        - 16
        - 17
        - 18
        - 19
        - 20

   **§ 2)** Oral lesions
   **§ 3)** Anal/perianal lesions

   **Comments:**

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Mark Reflex® by NCS EP-44833:321 Printed in U.S.A.
7. OROPHARYNGEAL

- a. Consistent with oral thrush/candidiasis
  - IF YES:  
    - KOH negative
    - OR-
    - KOH positive

- b. Consistent with herpetic lesions

- c. Gingivitis/gum disease

- d. Oral hairy leukoplakia

- e. Other (please describe below)

8. EYES

- a. Conjunctiva
  1) Redness
  2) Discharge

- b. Scleral icterus

- c. Other (please describe below)

9. LYMPH NODES

- a. Are there any nodes present (excluding inguinal and femoral) which are \( \geq 1 \) cm?
  - SKIP TO Q. 10

- b. Presence of node \( \geq 1 \) cm
  1) Occipital Right | Left
  2) Post. auricular Right | Left
  3) Pre-auricular Right | Left
  4) Submental/submandibular Right | Left
  5) Ant. cervical Right | Left
  6) Post. cervical Right | Left
  7) Supraclavicular Right | Left
  8) Axillary Right | Left
  9) Epitrochlear Right | Left

- c. What is the diameter of the largest node present?
  - 1 - 2 cm
  - 2.1 - 4 cm
  - \( \geq 4 \) cm

- d. Are any of the nodes tender?

- e. Are any of the nodes matted?
## 10. ABDOMEN

### 10a. Liver
Percussed size in mid-clavicular line

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>0</th>
</tr>
</thead>
</table>

### 10b. Spleen (Rt. lateral decubitus, flexed knees/hips)
Palpable on inspiration below left costal margin

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

Size below LCM

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>0</th>
</tr>
</thead>
</table>

### 10c. Other (please describe below)

__________________________

## 11. ANAL/RECTAL EXAMINATION

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Herpetic lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Warts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| d. Prostate
  1) Enlarged |    |    |
  2) Tender |    |    |
| e. Digital exam
  1) Tender anal canal |    |    |
| f. Hemorrhoids, external |    |    |
| g. Laceration/Fissure/Fistula |    |    |
| h. Other (please describe below) |    |    |

Mark here if rectal exam was declined.

## 12. GENITALIA

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Urethral discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| b. Skin
  1) Condyloma acuminata (warts) |    |    |
  2) Pediculosis |    |    |
  3) Tinea cruris/Candida |    |    |
  4) Herpetic lesions (active) |    |    |
| Other (please describe below) |    |    |

Mark here if genital exam was declined.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>(Mark only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Circumcised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncircumcised</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

## 13. EXAMINER'S IMPRESSIONS (use back of page if necessary)

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest and Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Extremities</td>
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<tr>
<td>Neurological Exam</td>
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