

FOLLOW-UP VISIT PHYSICAL EXAM

Visits 17 - 20

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

| VISIT NUMBER | | | CLINICIAN NUMBER | | |
|--------------|---|---|------------------|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 10 | 1 | 1 |
| 2 | 2 | 2 | 20 | 2 | 2 |
| 3 | 3 | 3 | 30 | 3 | 3 |
| 4 | 4 | 4 | 40 | 4 | 4 |
| 5 | 5 | 5 | 50 | 5 | 5 |
| 6 | 6 | 6 | 60 | 6 | 6 |
| 7 | 7 | 7 | 70 | 7 | 7 |
| 8 | 8 | 8 | 80 | 8 | 8 |
| 9 | 9 | 9 | 90 | 9 | 9 |

1. ID NUMBER

| ID NUMBER | | | |
|-----------|---|---|---|
| 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

2. DATE

| DATE | | |
|---------------------------|------|----|
| JAN <input type="radio"/> | DAY | YR |
| FEB <input type="radio"/> | | |
| MAR <input type="radio"/> | 0 0 | |
| APR <input type="radio"/> | 10 1 | |
| MAY <input type="radio"/> | 20 2 | 92 |
| JUN <input type="radio"/> | 30 3 | 93 |
| JUL <input type="radio"/> | 4 | 94 |
| AUG <input type="radio"/> | 5 | 95 |
| SEP <input type="radio"/> | 6 | |
| OCT <input type="radio"/> | 7 | |
| NOV <input type="radio"/> | 8 | |
| DEC <input type="radio"/> | 9 | |

3. WEIGHT

| WEIGHT | | |
|--------|---|---|
| POUNDS | | |
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

4. BLOOD PRESSURE
Sitting, Right Arm

| SYSTOLIC | | | DIASTOLIC | | |
|----------|---|---|-----------|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

5. ORAL TEMPERATURE
At least 30 minutes after smoking, eating, or drinking

| ORAL TEMPERATURE | | | | °F |
|------------------|---|---|---|----|
| 0 | 0 | 0 | 0 | |
| 1 | 1 | 1 | 1 | |
| 2 | 2 | 2 | 2 | |
| 3 | 3 | 3 | 3 | |
| 4 | 4 | 4 | 4 | |
| 5 | 5 | 5 | 5 | |
| 6 | 6 | 6 | 6 | |
| 7 | 7 | 7 | 7 | |
| 8 | 8 | 8 | 8 | |
| 9 | 9 | 9 | 9 | |

6. SKIN/HAIR/NAILS (Excluding genital area)

a. Fungal infection lesions (excluding athletes foot)

| | NO | YES |
|-----------------------------|-----------------------|-----------------------|
| § 1) Intertriginous candida | <input type="radio"/> | <input type="radio"/> |
| § 2) Tinea versicolor | <input type="radio"/> | <input type="radio"/> |
| § 3) Onychomycosis | <input type="radio"/> | <input type="radio"/> |

b. Herpes Zoster (active) NO YES

c. Molluscum contagiosum NO YES

d. Seborrhea NO YES

e. Psoriasis NO YES

f. Other (please describe below) NO YES

g. Kaposi's Sarcoma

| | NO | YES |
|-------------------|-----------------------|-----------------------|
| § 1) Skin Lesions | <input type="radio"/> | <input type="radio"/> |

IF YES: Number of lesions
 1 - 2 3 - 10 >10

Diameter of largest lesion in cms.

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

cms

| | | |
|-------------------|-----------------------|-----------------------|
| § 2) Oral lesions | <input type="radio"/> | <input type="radio"/> |
|-------------------|-----------------------|-----------------------|

| | | |
|------------------------------------|-----------------------|-----------------------|
| § 3) Anal/perianal lesions | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Not examined | | |

Comments:



7. OROPHARYNGEAL

NO YES

§ a. Consistent with oral thrush/candidiasis NO YES

IF YES:

KOH negative

-OR-

KOH positive

§ b. Consistent with herpetic lesions NO YES

§ c. Gingivitis/gum disease NO YES

§ d. Oral hairy leukoplakia NO YES

e. Other (please describe below) NO YES

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8. EYES

NO YES

a. Conjunctiva

1) Redness NO YES

2) Discharge NO YES

b. Scleral icterus NO YES

c. Other (please describe below) NO YES

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9. § LYMPH NODES

NO YES

a. Are there any nodes present (excluding inguinal and femoral) which are ≥ 1 cm? NO YES

SKIP TO Q 10 ←

b. Presence of node ≥ 1 cm

1) Occipital Right YES
Left YES

2) Post. auricular Right YES
Left YES

3) Pre-auricular Right YES
Left YES

4) Submental/submandibular Right YES
Left YES

5) Ant. cervical Right YES
Left YES

6) Post. cervical Right YES
Left YES

7) Supraclavicular Right YES
Left YES

8) Axillary Right YES
Left YES

9) Epitrochlear Right YES
Left YES

c. What is the diameter of the largest node present?

1 - 2 cm 2.1 - 4 cm > 4 cm

NO YES

d. Are any of the nodes tender? NO YES

e. Are any of the nodes matted? NO YES

10. ABDOMEN**§ a. Liver**

Percussed size in mid-clavicular line

| | | | | | | | | | | | |
|--|---|----|----|----|----|----|----|----|----|----|-----|
| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | cms |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

§ b. Spleen (Rt. lateral decubitus, flexed knees/hips)

NO YES

Palpable on inspiration below left costal margin

Size below LCM

| | | | | | | | | | | | |
|--|---|----|----|----|----|----|----|----|----|----|-----|
| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | cms |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

c. Other (please describe below)NO YES

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 Mark here if rectal exam was declined.**11. ANAL/RECTAL EXAMINATION**

NO YES

a. Discharge **§ b. Herpetic lesions** **§ c. Warts** **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)**

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 Mark here if genital exam was declined.**12. GENITALIA**

NO YES

§ a. Urethral discharge **§ b. Skin****1) Condyloma acuminata (warts)** **2) Pediculosis** **3) Tinea cruris/Candida** **4) Herpetic lesions (active)** **Other (please describe below)**

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c.
 Circumcised Yes
 Uncircumcised Yes
(Mark only one)**13. EXAMINER'S IMPRESSIONS (use back of page if necessary)**

| | NORMAL | ABNORMAL | COMMENTS |
|--------------------|-----------------------|-----------------------|----------|
| General Appearance | <input type="radio"/> | <input type="radio"/> | |
| Chest and Lungs | <input type="radio"/> | <input type="radio"/> | |
| Heart | <input type="radio"/> | <input type="radio"/> | |
| Extremities | <input type="radio"/> | <input type="radio"/> | |
| Neurological Exam | <input type="radio"/> | <input type="radio"/> | |

Additional Comments:

Blank lined area for writing additional comments.

192596

