





## 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)

Palpable on inspiration below left costal margin

NO YES

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 either entire rectal exam was declined or sections d) and e).

## 11. ANAL/RECTAL EXAMINATION

|                                    | NO                    | YES                   |
|------------------------------------|-----------------------|-----------------------|
| § a. Discharge                     | <input type="radio"/> | <input type="radio"/> |
| § b. Herpetic lesions              | <input type="radio"/> | <input type="radio"/> |
| § c. Warts                         | <input type="radio"/> | <input type="radio"/> |
| § d. Prostate                      |                       |                       |
| 1) Enlarged                        | <input type="radio"/> | <input type="radio"/> |
| 2) Tender                          | <input type="radio"/> | <input type="radio"/> |
| § e. Digital exam                  |                       |                       |
| 1) Tender anal canal               | <input type="radio"/> | <input type="radio"/> |
| § f. Hemorrhoids, external         | <input type="radio"/> | <input type="radio"/> |
| § g. Laceration/Fissure/Fistula    | <input type="radio"/> | <input type="radio"/> |
| § h. Other (please describe below) | <input type="radio"/> | <input type="radio"/> |

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Mark here if genital exam was declined.

## 12. GENITALIA

|                                | NO                    | YES                   |
|--------------------------------|-----------------------|-----------------------|
| § a. Urethral discharge        | <input type="radio"/> | <input type="radio"/> |
| § b. Skin                      |                       |                       |
| 1) Condyloma acuminata (warts) | <input type="radio"/> | <input type="radio"/> |
| 2) Pediculosis                 | <input type="radio"/> | <input type="radio"/> |
| 3) Tinea cruris/Candida        | <input type="radio"/> | <input type="radio"/> |
| 4) Herpetic lesions (active)   | <input type="radio"/> | <input type="radio"/> |
| Other (please describe below)  | <input type="radio"/> | <input type="radio"/> |

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## 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:*

Lined area for additional comments.

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