

FOLLOW-UP VISIT PHYSICAL EXAM

Visits 21-30

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

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_##

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

= Visit Number

1. ID NUMBER MACSID 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 JAN <input type="radio"/> DAY YR FEB <input type="radio"/> MAR <input type="radio"/> PEDTM_## APR <input type="radio"/> PEDTD_## MAY <input type="radio"/> PEDTY_## 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 POUNDS WEIGHLB_## 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 7 7 8 8 9 9	4. BLOOD PRESSURE Sitting, Right Arm SYSTOLIC // DIASTOLIC SBP_## DBP_## 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 TEMP_## °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
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6. SKIN/HAIR/NAILS (Excluding genital area)

a. Fungal infection lesions (excluding athletes foot)

	NO	YES
§ 1) Intertriginous candida	SHNFC_##	
§ 2) Tinea versicolor	SHNFV_##	
§ 3) Onychomycosis	SHNFO_##	

b. Herpes Zoster (active) SHNHZ_##

c. Molluscum contagiosum SHNMC_##

d. Seborrhea SHNSE_##

e. Psoriasis SHNPS_##

f. Other (please describe below) SHNOT_##

g. Kaposi's Sarcoma

§ 1) Skin Lesions NO YES SHNKS_##

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

Diameter of largest lesion in cms. SHNLD_##

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

cms

§ 2) Oral lesions SHNKO_##

§ 3) Anal/perianal lesions SHNKL_##

Not examined SHNNE_##

Comments:



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	

LIVPS ##

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

NO YES

Palpable on inspiration below left costal margin

SPLPL ##

Size below LCM

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

SPLCM ##

c. Other (please describe below)

ABDOT ##

Mark here if either entire rectal exam was declined or sections d) and e). ARDEC ##

11. ANAL/RECTAL EXAMINATION

- § a. Discharge ARDIS ##
- § b. Herpetic lesions ARHPL ##
- § c. Warts ARWRT ##
- § d. Prostate
 - 1) Enlarged ARPLG ##
 - 2) Tender ARPTN ##
- § e. Digital exam
 - 1) Tender anal canal ARTAC ##
- § f. Hemorrhoids, external ARHEM ##
- § g. Laceration/Fissure/Fistula ARLFF ##
- § h. Other (please describe below) AROTH ##

Mark here if genital exam was declined GEDEC ##

12. GENITALIA

- § a. Urethral discharge GPDIS ##
- § b. Skin
 - 1) Condyloma acuminata (warts) GSWRT ##
 - 2) Pediculosis GSPED ##
 - 3) Tinea cruris/Candida GSTCR ##
 - 4) Herpetic lesions (active) GSHPL ##
 - Other (please describe below) GOTH ##

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

	NORMAL	ABNORMAL	COMMENTS
General Appearance	<input type="radio"/>	<input type="radio"/>	EXIGA ##
Chest and Lungs	<input type="radio"/>	<input type="radio"/>	EXICL ##
Heart	<input type="radio"/>	<input type="radio"/>	EXIHT ##
Extremities	<input type="radio"/>	<input type="radio"/>	EXIET ##
Neurological Exam	<input type="radio"/>	<input type="radio"/>	EXINE ##

Additional Comments:

Lined area for additional comments.

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