### FOLLOW-UP VISIT

### PHYSICAL EXAMINATION

#### VISIT NO.

1. **ID NUMBER**

2. **DATE**
   - **MONTH**
   - **DAY**
   - **YEAR**

#### CLINICIAN NUMBER

#### LEGEND

- * = Optional
- § = Further Evaluation

#### DIRECTIONS

Make dark mark that fills the circle completely.

**Examples:**

- **INCORRECT:**
  - YES
  - NO

- **CORRECT:**
  - YES
  - NO

Erase cleanly.

Make no stray marks.

Do not fold this sheet.

#### 3. HEIGHT

<table>
<thead>
<tr>
<th>FEET</th>
<th>INCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. WEIGHT

<table>
<thead>
<tr>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 5. BLOOD PRESSURE

- **Systolic**
- **Diastolic**

#### 6. ORAL TEMPERATURE

At least 30 minutes after smoking, eating, or drinking

#### 7. PULSE

Beats in 30 seconds X 2

#### 8. RESPIRATION

In 30 seconds X 2

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**29419**

DO NOT MARK IN THIS AREA
9. **Appearance**

Abnormal Findings

10. **Skin/Hair/Nails (Excluding genital area)**

Lesions consistent with:
- **§ a. fungus infection**
- **§ b. bullous impetigo**
- **§ c. Kaposi's sarcoma**

Tattoo present

Needle marks

Other

Please describe in box at right

11. **Ear, Nose, Throat**

- **§ a. Consistent with oral thrush/candidiasis**
  - If yes, KOH negative
  - or KOH positive

- **§ b. Consistent with herpetic lesions**

- **§ c. Chancre present**

- **d. Other**

Please describe in box at right

12. **Eyes**

- **a. Conjunctiva**
  1) Redness
  2) Discharge

- **b. Scleral icterus**

- **c. Exudates**
  - Hard
  - Soft

- **d. Other**

**Please describe**
### 13. LYMPH NODES

<table>
<thead>
<tr>
<th>Lymph Node Site</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occipital</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Post. auricular</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Pre-auricular</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Submento/submandibular</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Ant. cervical</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Post. cervical</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Supraclavicular</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Axillary</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Epitrochlear</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Inguinal</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Femoral</td>
<td>R</td>
<td>L</td>
</tr>
</tbody>
</table>

#### For abnormal nodes at each site:

- **If discrete, give number**
- **Give (average) diameter of node(s) in cm.**
- **Comment NO YES**
- **Note tender, matted, etc.**
- **Comment below**

### 14. CHEST AND LUNGS

- Normal [ ]
- Abnormal [ ]

#### Done

- NOT DONE [ ]

Abnormal Findings:

### 15. HEART

- Normal [ ]
- Abnormal [ ]

#### Done

- NOT DONE [ ]

Abnormal Findings:
16. **ABDOMEN**

- Liver
  - Percussed size in mid-clavicular line
  - Size below LCM
  - Other

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

17. **ANAL/RECTAL EXAMINATION**

- Discharge
  - Bloody
  - Mucous
  - Purulent
  - Herpetic lesions
  - Warts
  - Prostate enlarged/tender
  - Digital exam - tender anal canal
  - Hemorrhoids, external
  - Laceration/Fissure/Fistula
  - Scarring
  - Other - please describe

18. **GENITALIA**

- Penile discharge
  - Watery
  - Purulent
  - Bloody
- Skin
  - Chancre - tender
  - Warts
  - Herpetic lesions
  - Scabies
  - Other - please describe

19. **EXTREMITIES**

Describe abnormalities

20. **NEUROLOGIC EXAM**

Describe abnormalities

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