



PHYSICAL EXAM FORM

ID NUMBER:

FORM CODE:

P	E	X
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DATE: 09/21/2017
Version 2.0

The purpose of this form is to record results from the Physical Exam, including edema. This form is completed as part of the clinic visit.

0a. Date of Procedure: / /
Month Day Year

0b. Staff ID:

LUNG SOUNDS (NOTE: LUNG SOUNDS WILL NOT BE COLLECTED AT VISIT 7.)

1. Number of areas in which lung sounds were recorded

- 0.....no lung sounds recorded
- 1.....one area
- 2.....two areas
- 3.....three areas
- 4.....all four areas

1a. If fewer than 4 areas were recorded, specify reason _____

LOWER EXTREMITY EDEMA

2. Right Ankle/Leg Edema

- 0.....None
- 1.....mild pitting edema (pitting below mid-point)
- 2.....marked pitting edema (pitting above mid-point)
- 3.....not examined, specify reason _____

3. Left Ankle/Leg Edema.....

- 0.....None
- 1.....mild pitting edema (pitting below mid-point)
- 2.....marked pitting edema (pitting above mid-point)
- 3.....not examined, specify reason _____