



PHYSICAL EXAM FORM

ID NUMBER:

FORM CODE:

P	E	X
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DATE: 1/5/2021
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The purpose of this form is to record results from the Physical Exam, including edema. This form is completed as part of the visit.

LUNG SOUNDS (NOTE: LUNG SOUNDS WILL NOT BE COLLECTED.)

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_____