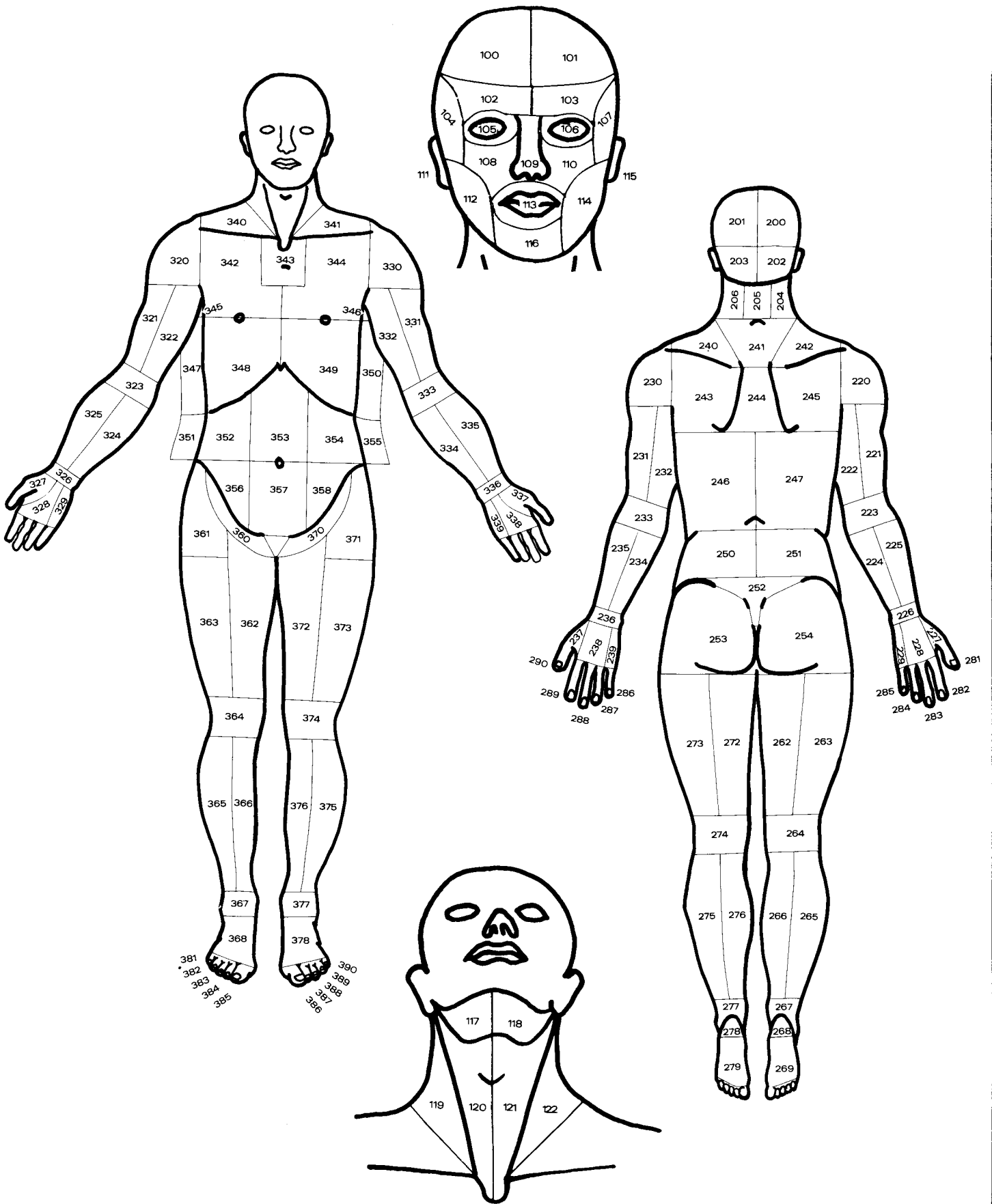
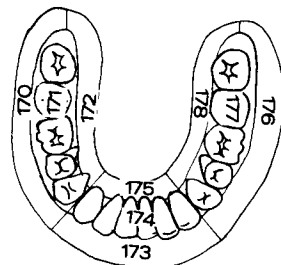
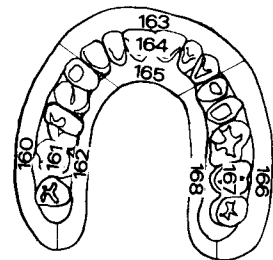
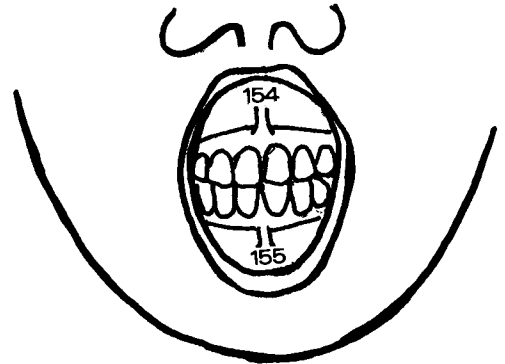
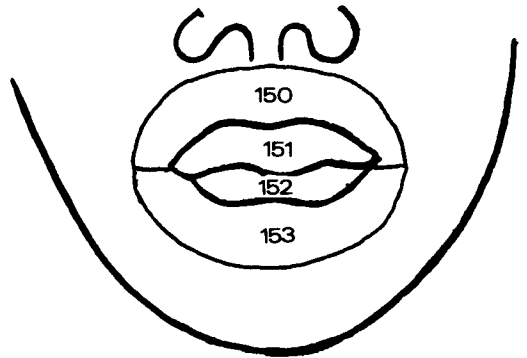
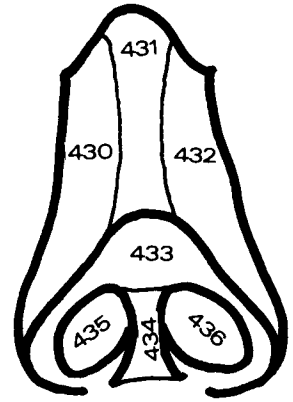
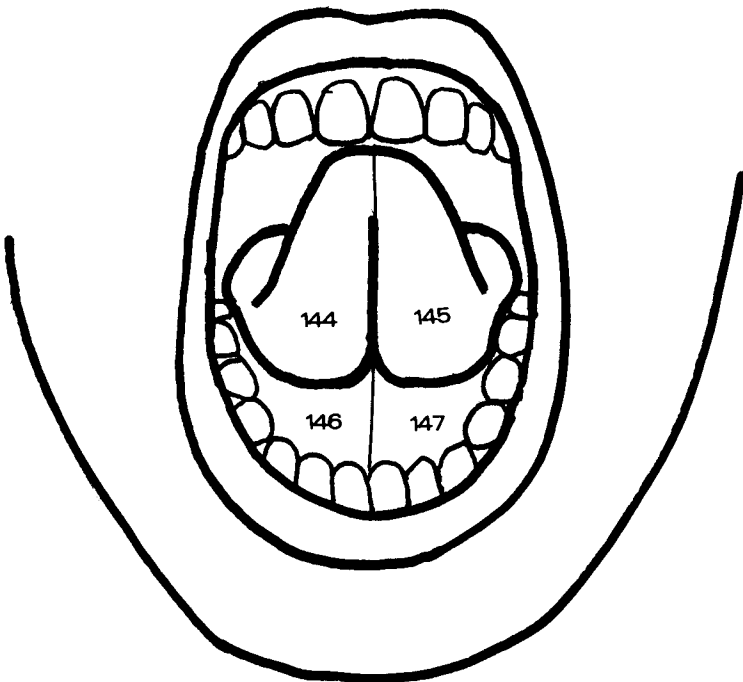
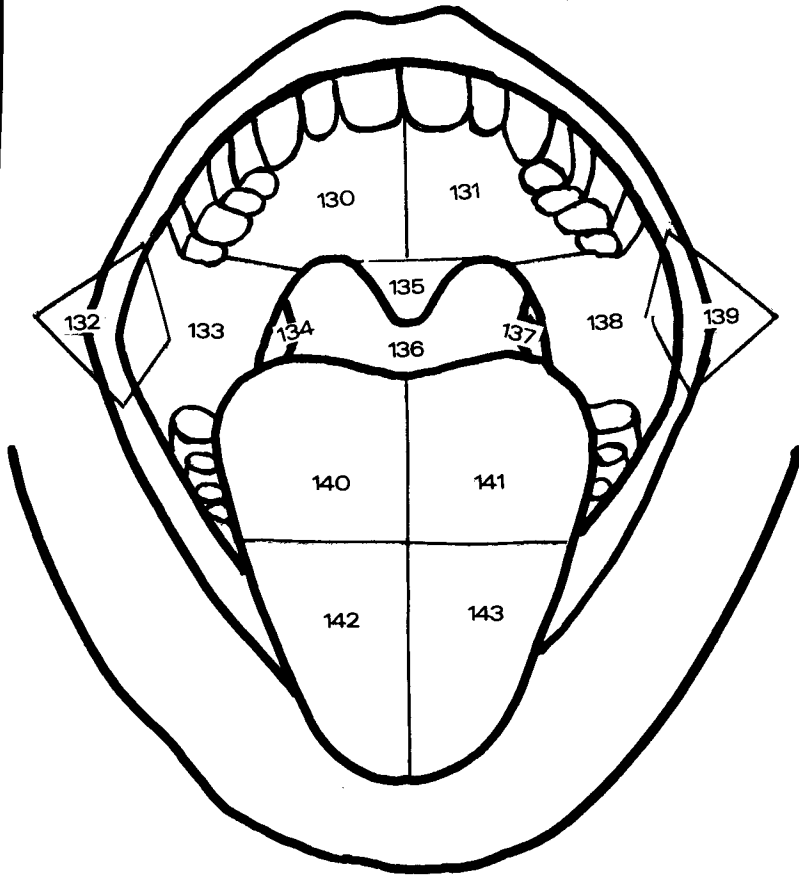


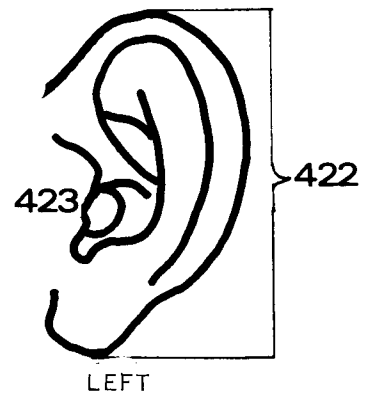
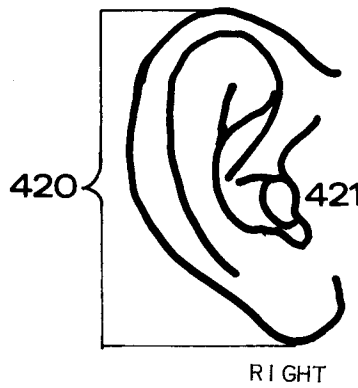
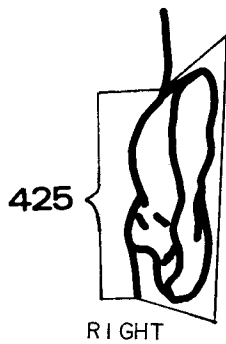
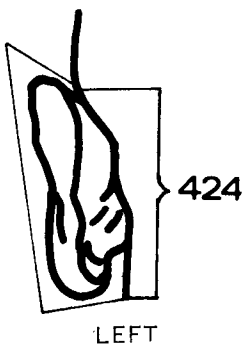
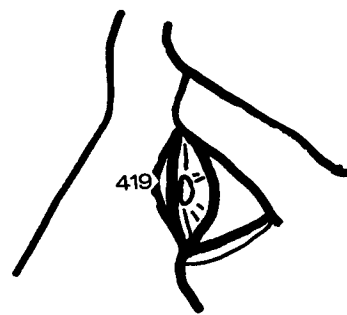
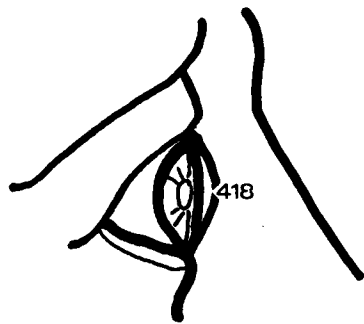
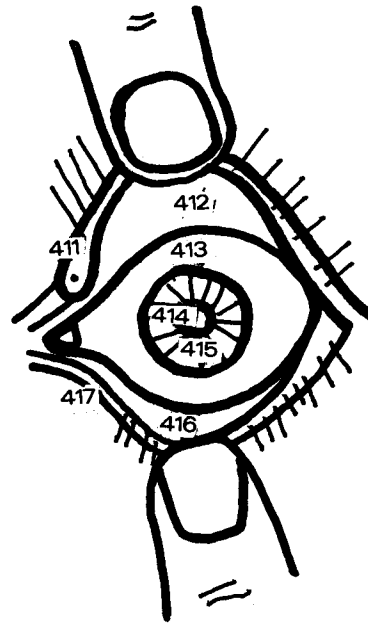
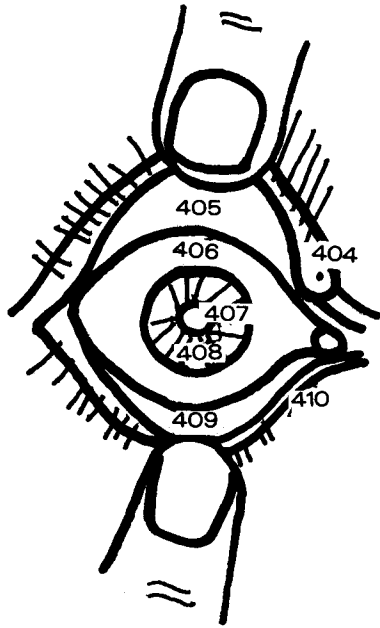
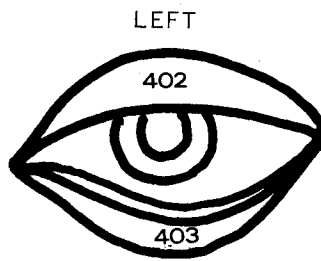
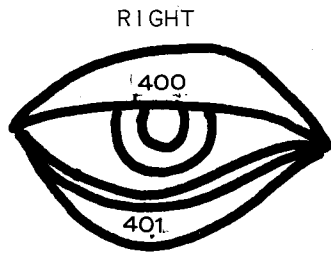
ANATOMIC LOCATION - DIAGRAM 1A

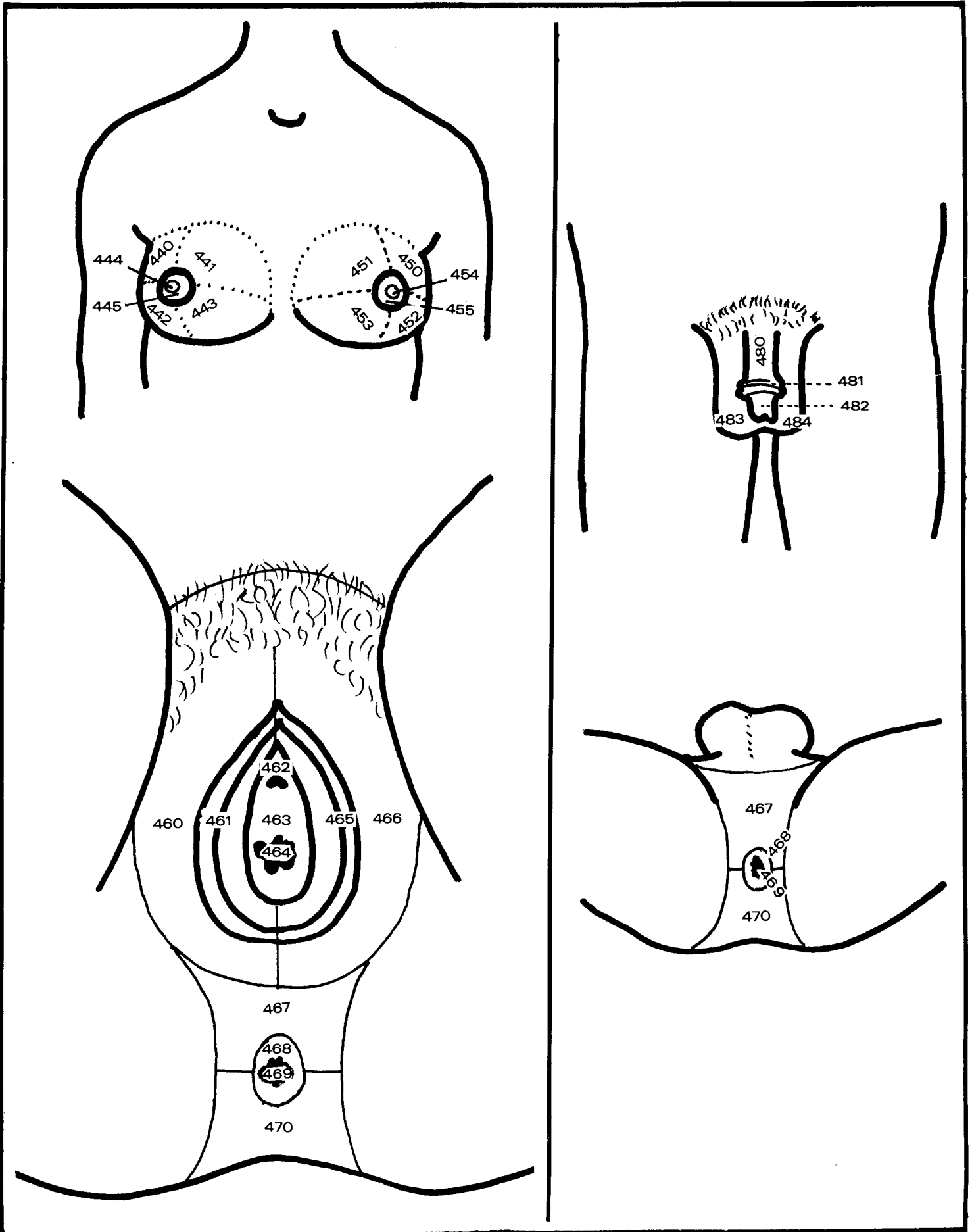


ANATOMICAL LOCATION - DIAGRAM 1B



ANATOMIC LOCATION - DIAGRAM 1C





PATIENT NAME

PATIENT #

EXAM #

FORM 1

SEX MALE 108 FEMALE 109		HEIGHT	WEIGHT	BLOOD PRESSURE	
AGE		CM	KG	SYSTOLIC MM HG	DIASTOLIC MM HG
DAYS	YEARS	30 - 104	1 - 105	0 - 106	0 - 107
1 - 100	1 - 103	35 - 104	2 - 105	20 - 106	20 - 107
2 - 100	2 - 103	40 - 104	3 - 105	30 - 106	30 - 107
3 - 100	3 - 103	45 - 104	4 - 105	40 - 106	40 - 107
4 - 100	4 - 103	50 - 104	5 - 105	50 - 106	50 - 107
5 - 100	5 - 103	55 - 104	6 - 105	60 - 106	60 - 107
6 - 100	8 - 103	60 - 104	7 - 105	70 - 106	70 - 107
	10 - 103	70 - 104	8 - 105	80 - 106	80 - 107
	12 - 103	80 - 104	9 - 105	90 - 106	90 - 107
WEEKS	14 - 103	90 - 104	10 - 105	100 - 106	100 - 107
1 - 101	16 - 103	100 - 104	20 - 105	110 - 106	110 - 107
2 - 101	20 - 103	120 - 104	30 - 105	120 - 106	120 - 107
3 - 101	30 - 103	140 - 104	40 - 105	130 - 106	130 - 107
	40 - 103	160 - 104	50 - 105	140 - 106	140 - 107
MONTHS	50 - 103	180 - 104	60 - 105	160 - 106	160 - 107
1 - 102	60 - 103	200 - 104	70 - 105	180 - 106	180 - 107
2 - 102	70 - 103		80 - 105	200 - 106	200 - 107
3 - 102	80 - 103		90 - 105	220 - 106	220 - 107
6 - 102	90 - 103		100 - 105	240 - 106	240 - 107
9 - 102					

CONSCIOUS	SEMI-CONSCIOUS	UNCONSCIOUS	ANKLE TENDON PINCH:	WITHDRAWAL & SOME OTHER RESPONSE	WITHDRAWAL & NO OTHER RESPONSE	NO RESPONSE
<input type="checkbox"/>	110	111		112	113	114

ALERT	DULL	SLEEPY	WHO FORGET	WHO WRONG	WHERE FORGET	WHERE WRONG	WHEN FORGET	WHEN WRONG
<input type="checkbox"/>	115	116	117	118	119	120	121	122

CALM	ANGER	AGITATED	DEPRESSED	FEARFUL
<input type="checkbox"/>	123	124	125	126

HALLUCINATIONS	HEARING	VISUAL	SMELL	TASTE	TOUCH
NO YES					
<input type="checkbox"/>	127	128	129	130	131
				131	132

SPEECH	MEANING	WORDS	PAIN
YES NO	MEANINGFUL SENSELESS	CLEAR GARBLED	NO YES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	134	135	136

RAPIDITY	LOUDNESS	PITCH
NORMAL FAST ↑ SLOW ↓	NORMAL LOUD ↑ SOFT ↓	NORMAL HIGH ↑ LOW ↓
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137	139	141
	138	140
		142



SENSORY EXAM

PAIN INSERT LOCATION # FROM DIAGRAM 1

PATIENT COMPLAINT	SHOOTING	STEADY	CRAMPY	THROBBING
	___   44	___   45	___   46	___   47
	___   44	___   45	___   46	___   47
	___   44	___   45	___   46	___   47
	___   44	___   45	___   46	___   47

PAIN INSERT LOCATION # FROM DIAGRAM 2

PIN PRICK	NO FEELING	ALTERED FEELING
	___   48	___   49
	___   48	___   49
	___   48	___   49
	___   48	___   49

TOUCH INSERT LOCATION # FROM DIAGRAM 2

NO FEELING	ALTERED FEELING
___   150	___   151
___   150	___   151
___   150	___   151
___   150	___   151

PAIN

CALF PINCH

NO PAIN  
NO WITHDRAWAL

RIGHT	LEFT
152	154
153	155

VIBRATION

ABSENT

INTERNAL ANKLE  
EXTERNAL ANKLE  
KNEE  
WRIST ULNA  
ELBOW

RIGHT	LEFT
156	161
157	162
158	163
159	164
160	165

HEARING

DECREASED  
NONE

RIGHT	LEFT
166	168
167	169

VISION EXAMINE EACH EYE SEPARATELY; COVER OPPOSITE EYE

	RIGHT EYE EXAM	LEFT EYE EXAM
PATIENT LIGHT	170	174
HAND MOVE	171	175
CAN NOT SEE: 4 FINGERS	172	176
2 FINGERS	173	177
BOTH EYES OPEN - 1 FINGER	178	

CIRCLE CODE OF SMALLEST READABLE PRINT ON EYE CHART, USED AT 6 M.

	RIGHT EYE EXAM	LEFT EYE EXAM
H	660-179	660-180
A V	636-179	636-180
L T J	624-179	624-180
V O A	618-179	618-180
T X A L	612-179	612-180
C A N V Z	69-179	69-180
H Z N V T U E	66-179	66-180
N O H X E Z A V	65-179	65-180



PATIENT NAME

PATIENT #

EXAM #

FORM 3

COLOR	BLACK	BROWN	TAN	WHITE	RUDDY	SALLOW	YELLOW		
SKIN NORMAL	181	182	183	184	185	186	187		
SKIN GENERALIZED DISCOLORATION	188	189	190	191	192	193	194		
CONJUNCTIVA	PINK	PALE	RED	SCLERA	WHITE	YELLOW			
	195	196	197		198	199			
TEMPERATURE °C				COLD FOOT	COLD LEG	COLD THIGH	COLD HAND		
LOW <36.7	200			R L	R L	R L	R L		
NORMAL 36.7-37.2	201			207 208	209 210	211 212	213 214		
FEVER SLIGHT 37.3-38.3	203								
FEVER MEDIUM 38.4-39.7	204								
FEVER HIGH 39.8-40.3	205								
FEVER HIGHEST >40.3-	206			COLD FOREARM	COLD ARM	CHILLS SWEATING DRY MOUTH			
				R L	R L				
				215 216	217 218	219 220	221		
DEFORMITY	INSERT LOCATION CODE FROM DIAGRAM #1				INFANT FONTANELS				
ABSENT	SMALL	CROOKED	SCAR	CLOSED		OPEN	BULGE TENSE	SUNK SOFT	FLAT SOFT
___222	___223	___224	___225						
___222	___223	___224	___225			FRONT	226 227	228 229	303
___222	___223	___224	___225			BACK	304 305	306 307	308
TORSO	INSERT CODE #								
1 = SLIGHT	CHEST		ASYMMETRY		SPINE BENT				
2 = MODERATE	DEPRESSED	BARREL	CHEST	BACK	RIGHT	LEFT	BACKWARD		
3 = MARKED	___230	___231	___232	___233	___234	___235	___236		
LIMBS									
DIAMETER OF:	MID THIGH		MID CALF		MID ARM		MID FOREARM		
INSERT # CM →	R L	R L	R L	R L	R L	R L	R L		
	___237 ___238	___239 ___240	___241 ___242	___243 ___244	___245 ___246	___247 ___248	___249 ___250		
WHICH LIMB SMALLER?	245 246	247 248	249 250	251 252	253 254	255 256	257 258		
HOW 0 - 2 CM	253	254	255	256	257	258	259		
MUCH 2 - 4 CM	257	258	259	260	261	262	263		
SMALLER? >4 CM	261	262	263	264	265	266	267		
REFLEXES	INSERT #		RIGHT TOE		LEFT TOE		GAG	CORNEAL	
0 = ABSENT			DOWN	UP	DOWN	UP	___281	R L	___282 ___283
1 = REDUCED			<input type="checkbox"/>	279	<input type="checkbox"/>	280			
2 = NORMAL									
3 = INCREASED									
4 = VERY INCREASED									
	WRIST		BICEPS		TRICEPS		KNEE		ANKLE
	R L	R L	R L	R L	R L	R L	R L	R L	
	___269 ___270	___271 ___272	___273 ___274	___275 ___276	___277 ___278	___279 ___280	___281 ___282	___283 ___284	
INFANT REFLEXES	STARTLE		ROOTING		SUCKING	GRASP			
ASYYMETRY	RIGHT	LEFT	R L	R L		R L	R L		
295	296	297	___298 ___299	___300	___301	___302	___303 ___304		
PUPILS	SIZE		SYMMETRY		LIGHT INTO RIGHT CONTRACTION		LIGHT INTO LEFT CONTRACTION		
NORMAL	R L	R = L	288	YES	R L	YES	R L		
SMALL	284 286	R > L	289	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LARGE	285 287	R < L	290	NO	291 292	NO	293 294		



PATIENT NAME

PATIENT #

EXAM #

FORM 4

MOVEMENT EXAM

EYE MOVEMENTS EYE DOES NOT OBEY	CLOSE EYES		LOOK AHEAD		LOOK RIGHT		LOOK LEFT		LOOK UP		LOOK DOWN	
	R	L	R	L	R	L	R	L	R	L	R	L
	309	310	311	312	313	314	315	316	317	318	319	320
EYE BALLS OCCILATING				RIGHT LID DROOP				LEFT LID DROOP				
321				322				323				

SPECIAL MOVEMENTS

SWALLOW	DIFFICULTY	CAN'T	PAIN
	324	325	326
TONGUE OUT STRAIGHT	BENDS RIGHT	BENDS LEFT	
	327	328	
SHOW CLENCHED TEETH	RIGHT DOESN'T SHOW	LEFT DOESN'T SHOW	
	329	330	
WRINKLE FOREHEAD	NONE ON RIGHT	NONE ON LEFT	
	331	332	
WALK	WOBBLY	CROOKED	MISS DESTINATION
	333	334	335
FINGER TO NOSE WITH EYES CLOSED	WOBBLY	CROOKED	MISS DESTINATION
	R 336 L 337	R 338 L 339	R 340 L 341

INFANT MOVEMENTS

FOCUSES EYES ON OBJECTS	1-342	CREEPS	10-342
EYES FOLLOW MOVING OBJECT	2-342	USES A WORD MEANINGFULLY	11-342
SMILES AT PERSON	2-343	PULLS SELF UP TO STAND	12-342
SUPPORTS HEAD STEADY	3-342	WALKS ALONE	15-342
REACHES FOR OBJECTS	4-342	RUNS	18-342
SITS PROPED UP	6-342	USES SIMPLE SENTENCES	24-342
SITS ALONE	8-342		

VOLUNTARY MOVEMENT USE DIAGRAM #3			PASSIVE MOVEMENT USE DIAGRAM #4				STRENGTH USE DIAGRAM #5		
NONE	LIMITED	PAINFUL	NONE	LIMITED	RESISTANCE	PAINFUL	WEAK	VERY WEAK	NONE
___343	___344	___345	___346	___347	___348	___349	___350	___351	___352
___343	___344	___345	___346	___347	___348	___349	___350	___351	___352
___343	___344	___345	___346	___347	___348	___349	___350	___351	___352

INVOLUNTARY MOVEMENT USE DIAGRAM #6			MUSCLE ABNORMALITIES USE DIAGRAM #7			
JERK-SINGLE	JERK-MULTIPLE	JERK-COMPLEX	FLACID	SPASTIC	ATROPHIC	FASCICULATION
___353	___354	___355	___356	___357	___358	___359
___353	___354	___355	___356	___357	___358	___359
___353	___354	___355	___356	___357	___358	___359





PATIENT NAME

PATIENT #

EXAM #

FORM 5

SKIN OR MEMBRANE ABNORMALITIES - LUMPS OR ENLARGEMENTS - BURNS - EXAM

SIZE CM LINEAR/AREA	GENERAL FEATURES	SURFACE DISCOLOR	SURFACE OPENINGS	SURFACE DISCHARGE	SURFACE FEATURES	LUMPS OR ENLARGEMENT ONLY
.1 x .1 06	WARM 13	DISCOLOR 27	SINGLE 39	BLOOD 51	SCALES 71	SKIN OR
.2 x .2 07	PAINFUL 14	↑ PIGMENT 28	MULTIPLE 40	OOZE 52	↓ HAIR 72	MEMBRANE
.5 x .5 08	PAINLESS 15	↓ PIGMENT 29	CRACKED 41	FLOW 53	TIGHT 73	CONTOUR
1 x 1 09	SWELLING 16	RED 30	PIN SIZE 42	SPURT 54	THIN 74	FLAT 83
2 x 2 10	DENT +1 17	PURPLE 31	ROUND 43	CLOT 55	DRY 75	RAISED 84
5 x 5 11	DENT +2 18	GREEN 32	ULCER 44	SCAB 56	MOIST 76	POSITION
5 x 10 12	DENT +3 19	YELLOW 33	LACERATE 45	PUS 57	COLD 77	ON SKIN 85
10 x 10 01	RED LINE 20	BROWN 34	ABRASION 46	MUCOUS 58	SPOTS	IN SKIN 86
10 x 20 02	CREPITANT 21	BLACK 35	SCRATCH 47	GAS 59	MACULE 78	UNDER
15 x 20 03		GREY 36	PUNCTURE 48	FECES 60	PAPULE 79	ATTACHED 87
20 x 20 04	NUMBER	WHITE 37	CHARRED 49	VISCOSITY	BLISTER 80	LOOSE 88
25 x 20 05	1 22	OTHER 38	OTHER 50	THIN 61	PUSTULE 81	MOBILE 89
	2-5 23			THICK 62	SENSES	NOT MOBILE 90
	>5 24			COLOR	ABSENT 82	HARD 91
	DISCRETE 25			NONE 63	BURNS ONLY	SOFT 92
	MERGE 26			PINK 64	SUN 83	FLUCTUANT 93
				YELLOW 65	FLAME 84	PULSATING 94
				GREEN 66	HOT FLUID 85	SMOOTH 95
				GREY 67	CHEMICAL 86	BUMPY 96
				OTHER 68	ELECTRIC 87	
				CLEAR 69	EXPLOSION 88	
				CLOUDY 70		

INSTRUCTIONS - ENTER BELOW:      EXAMPLE: 127-409

A. LOCATION CODE # FROM DIAGRAM 1 \_\_\_\_\_ ↑      ↑

B. APPLICABLE DESCRIPTION CODES FROM THIS FORM \_\_\_\_\_ ↑      ↑

SKIN OR MEMBRANE ABNORMALITIES	LUMPS OR ENLARGEMENTS	BURNS
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___
___4___	___5___	___6___



PATIENT NAME

PATIENT #

EXAM #

FORM 6

ARTERIAL PULSES - HEART PULSE - VEINS - EXAM

INTENSITY ARTERIAL PULSES INSERT: 0-NO PULSE 1-DECREASED 2-NORMAL 3-INCREASED

TEMPERAL	NECK	ARM	WRIST	GROIN	ANKLE	FOOT
R ___ 1-360	___ 2-360	___ 3-360	___ 4-360	___ 5-360	___ 6-360	___ 7-360
L ___ 1-361	___ 2-361	___ 3-361	___ 4-361	___ 5-361	___ 6-361	___ 7-361

WHICH ARTERIAL PULSE IS DESCRIBED BELOW?  
 USE CODE # FROM ABOVE: EXAMPLE: 1-360

ENTER CODE # HERE: \_\_\_\_\_

ARTERIAL PULSE				HEART PULSE																																			
VISUAL APPEARANCE				NOT SEEN 1-362	NORMAL <input type="checkbox"/>	HIGH 3-362	VERY HIGH 4-362																																
PERCUSSION DULLNESS MCL = LEFT MID CLAVICULAR LINE				RIGHT MCL 1-363	NORMAL AT MCL <input type="checkbox"/>	1-2 CM LEFT MCL 3-363	3-4 CM LEFT MCL 4-363	>4 CM LEFT MCL 5-363																															
PALPABLE DURATION	NORMAL <input type="checkbox"/>	LONG 1-364	VERY LONG 2-364																																				
PALPABLE INTENSITY	NORMAL <input type="checkbox"/>	LOW 1-365	HIGH 2-365	VERY HIGH 3-365	NOT FELT 1-366	NORMAL <input type="checkbox"/>	LOW 3-366	HIGH 4-366	VERY HIGH 5-366																														
RATE/MINUTE REAL COUNT	START OF EXAM ___-367	END OF EXAM ___-368																																					
RATE/MINUTE CODED	USE CODE # CLOSEST TO REAL START COUNT: ___-369	___-370																																					
<table border="0"> <tr> <td>000</td><td>020</td><td>030</td><td>040</td><td>050</td><td>060</td><td>070</td><td>080</td><td>090</td><td>100</td><td>110</td><td>120</td><td>130</td><td>140</td><td>150</td> </tr> <tr> <td>160</td><td>170</td><td>180</td><td>190</td><td>200</td><td>210</td><td>220</td><td>230</td><td>240</td><td>250</td><td>260</td><td>270</td><td>280</td><td>290</td><td>300</td> </tr> </table>										000	020	030	040	050	060	070	080	090	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300
000	020	030	040	050	060	070	080	090	100	110	120	130	140	150																									
160	170	180	190	200	210	220	230	240	250	260	270	280	290	300																									
# IRREGULAR BEATS/MINUTE	0-1 1-371	2-4 2-371	5-15 3-371	>15 4-371	0-1 1-372	2-4 2-372	5-15 3-372	>15 4-372																															
RHYTHM																																							
REGULAR				1-373	1-374																																		
QUICKEN WITH INSPIRATION				2-373	2-374																																		
SUDDEN QUICK BEATS				3-373	3-374																																		
SUDDEN QUICK BEATS WITH DELAY BEAT				4-373	4-374																																		
SUDDEN QUICK BEAT, NO DELAY BEAT				5-373	5-374																																		
DELAY BEAT - NO SUDDEN QUICK BEAT				6-373	6-374																																		
REGULAR IRREGULARITY				7-373	7-374																																		
IRREGULAR IRREGULARITY				8-373	8-374																																		
ARTERIAL RATE & RHYTHM = HEART				1-375																																			
ARTERIAL RATE & RHYTHM NOT = HEART				2-375																																			

VEINS INSERT LOCATION CODE FROM DIAGRAM #1

TORTUOUS	DISTENDED	PAINFUL	WARM	LUMP
___-376	___-377	___-378	___-379	___-380
___-376	___-377	___-378	___-379	___-380



PATIENT NAME

PATIENT #

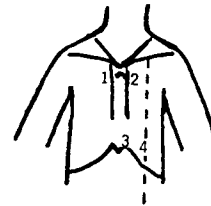
EXAM #

FORM 7

HEART SOUNDS EXAM

LOUDNESS INSERT CODE: 0=NOT HEARD 1=SOFTEST 2=SOFT 3=MIDDLE 4=LOUD 5=LOUDEST

	1ST SOUND	2ND SOUND
1 AORTIC	__  - 38	__  - 382
2 PULMONIC	__  2 - 38	__  2 - 382
3 TRICUSPID	__  3 - 38	__  3 - 382
4 MITRAL	__  4 - 38	__  4 - 382



1 = AORTIC  
2 = PULMONIC  
3 = TRICUSPID  
4 = MITRAL

MCL = MID CLAVICULAR LINE

CADENCE

ALL NORMAL



NORMAL EXTRA SYSTOLIC EXTRA EARLY DIASTOLIC EXTRA MID DIASTOLIC EXTRA LATE DIASTOLIC TIC-TAC

1 AORTIC	1-383	1-384	1-385	1-386	1-387	1-388
2 PULMONIC	2-383	2-384	2-385	2-386	2-387	2-388
3 TRICUSPID	3-383	3-384	3-385	3-386	3-387	3-388
4 MITRAL	4-383	4-384	4-385	4-386	4-387	4-388

MURMURS

NONE: 389



TIMING EARLY SYSTOLIC MID SYSTOLIC EARLY DIASTOLIC MID DIASTOLIC LATE DIASTOLIC CONTINUOUS

1 AORTIC	1-390	1-391	1-392	1-393	1-394	1-395
2 PULMONIC	2-390	2-391	2-392	2-393	2-394	2-395
3 TRICUSPID	3-390	3-391	3-392	3-393	3-394	3-395
4 MITRAL	4-390	4-391	4-392	4-393	4-394	4-395

LOUDNESS INSERT CODE: 0=NOT HEARD 1=SOFTEST 2=SOFT 3=MIDDLE 4=LOUD 5=LOUDEST

1 AORTIC	__  1 - 390	__  1 - 391	__  1 - 392	__  1 - 393	__  1 - 394	__  1 - 395
2 PULMONIC	__  2 - 390	__  2 - 391	__  2 - 392	__  2 - 393	__  2 - 394	__  2 - 395
3 TRICUSPID	__  3 - 390	__  3 - 391	__  3 - 392	__  3 - 393	__  3 - 394	__  3 - 395
4 MITRAL	__  4 - 390	__  4 - 391	__  4 - 392	__  4 - 393	__  4 - 394	__  4 - 395

CHANGING CHARACTER

1 AORTIC	21-390	21-391	21-392	21-393	21-394	21-395
2 PULMONIC	22-390	22-391	22-392	22-393	22-394	22-395
3 TRICUSPID	23-390	23-391	23-392	23-393	23-394	23-395
4 MITRAL	24-390	24-391	24-392	24-393	24-394	24-395



PATIENT NAME

PATIENT #

EXAM #

FORM 8

BREATHING 1 EXAM

BREATH RATE/MINUTE

INSERT COUNT:	0-5	6-10	11-13	14-18	19-22	23-30	>30
↓ _____-700	1-701	2-701	3-701	4-701	5-701	6-701	7-701

INTENSITY	NORMAL	LOWEST	VERY LOW	LOW	HIGH	VERY HIGH	HIGHEST
	<input type="checkbox"/>	2-702	3-702	4-702	5-702	6-702	7-702

INSPIRATION	NORMAL	LONG	VERY LONG	STRIDENT	GASPING
	<input type="checkbox"/>	2-704	3-704	4-704	5-704

EXPIRATION	NORMAL	LONG	VERY LONG	WHEEZING
	<input type="checkbox"/>	2-705	3-705	4-705

CHEST MOVEMENT	SYMETRICAL		DECREASED		NECK BREATHING
	YES	NO	RIGHT	LEFT	
	<input type="checkbox"/>	2-706	3-706	4-706	

DIFFICULTY BREATHING INSERT CODE FROM DIAGRAM 1:	NONE	MILD	INSPIRATION MODERATE	SEVERE	MILD	EXPIRATION MODERATE	SEVERE
	<input type="checkbox"/>	2-707	3-707	4-707	5-707	6-707	7-707

PAIN WITH BREATHING _____-708	MOUTH BREATHING	MILD	SITTING UP MODERATE	SEVERE	MILD	LYING DOWN MODERATE	SEVERE
	<input type="checkbox"/>	1-709	1-710	2-710	3-710	4-710	5-710

PAIN WITH COUGHING _____-711	RIGHT PARTIAL	-NOSE OBSTRUCTION- TOTAL	LEFT PARTIAL	TOTAL	MILD	WALKING MODERATE	SEVERE
	2-709	3-709	4-709	5-709	1-712	2-712	3-712

PERCUSSION USE DIAGRAM 1 FOR REFERENCE - LEVELS (1) (2) (3) (4) (5) (6)

LUNG MOVEMENT	LEFT BACK				RIGHT BACK			
NONE	1-2 CM	2-5 CM	> 5 CM	NONE	1-2 CM	2-5 CM	> 5 CM	
1-713	2-713	3-713	4-713	1-714	2-714	3-714	4-714	


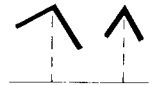

DULLNESS & TYMPANY RANGE: DULL - RESONANT - TYMPANIC ENTER 6 DIGITS INTO SYSTEM

LEVEL	BACK				FRONT				SIDE			
	LEFT		RIGHT		RIGHT		LEFT		RIGHT		LEFT	
	DULL	TYMP	DULL	TYMP	DULL	TYMP	DULL	TYMP	DULL	TYMP	DULL	TYMP
(1)	116- ↓ 715	721 ↓ 721	118- ↓ 715	721 ↓ 721	104- ↓ 715	721 ↓ 721	106- ↓ 715	721 ↓ 721	107- ↓ 716	722 ↓ 722	108- ↓ 716	722 ↓ 722
(2)	716	722	716	722	716	722	716	722	716	722	716	722
(3)	717	723	717	723	717	723	717	723	717	723	717	723
(4)	119- ↓ 718	724 ↓ 724	120- ↓ 718	724 ↓ 724	110- ↓ 718	724 ↓ 724	111- ↓ 718	724 ↓ 724	109- ↓ 718	724 ↓ 724	112- ↓ 718	724 ↓ 724
(5)	719	725	719	725	719	725	719	725	719	725	719	725
(6)	720	726	720	726	720	726	720	726	720	726	720	726



BREATHING 2 - ABDOMEN - EXAM

BREATH SOUNDS USE DIAGRAM 1 FOR LOCATION

			
NORMALLY VESICULAR	BRONCHO-VESICULAR	BRONCHIAL	NONE
<input type="checkbox"/>	___-727	___-728	___-729
	___-727	___-728	___-729
EXCEPT IN AREAS #	5 & 17	2 & 14	___-729

RALES

NORMALLY NONE	MOIST GURGLE	MOIST BUBBLE CRACKLE	DRY SQUEAK GROAN
<input type="checkbox"/>	___-730	___-731	___-732
	___-730	___-731	___-732
	___-730	___-731	___-732
	___-730	___-731	___-732

RUBS NORMALLY NONE

\_\_\_-733

\_\_\_-733

\_\_\_-733

WHISPER '99'

NORMAL FAINT	CLEAR	NONE
<input type="checkbox"/>	___-734	___-735
	___-734	___-735
	___-734	___-735
	___-734	___-735

SPEAK '99'

CHEST WALL VIBRATION ABSENT					
BACK		FRONT		SIDE	
LEFT	RIGHT	RIGHT	LEFT	RIGHT	LEFT
MID   116-736	118-736	104-736	106-736	107-736	108-736
LOW   119-736	120-736	110-736	111-736	109-736	112-736

ABDOMINAL WALL

MOVES WITH BREATHING

YES NO

2-737

ENLARGED & BULGING

NO MILD MODERATE SEVERE

2-738 3-738 4-738

HARDNESS

SOFT TENSE RIGID

2-739 3-739

INTRA ABDOMINAL MASS

DESCRIBE ONLY 1 MASS PER LOCATION; GET LOCATION FROM DIAGRAM 1

NONE	SIZE	MULTIPLE	CONTOUR		HARDNESS		MOBILITY	
<input type="checkbox"/>	0-15 CM >15 CM		BUMPY	SMOOTH	HARD	SOFT	MOBILE	IMMOBILE
MASS 1	___-740 ___-741	___-742	___-743	___-744	___-745	___-746	___-747	___-748
MASS 2	___-740 ___-741	___-742	___-743	___-744	___-745	___-746	___-747	___-748

ABDOMINAL TENDERNESS

NONE	UPPER			LOWER			FLANK		BACK PUNCH PAIN
<input type="checkbox"/>	RIGHT	MIDDLE	LEFT	RIGHT	MIDDLE	LEFT	RIGHT	LEFT	
PRESSURE	121-749	122-749	123-749	124-749	125-749	126-749	127-749	128-749	R 129-749
REBOUND	121-750	122-750	123-750	124-750	125-750	126-750	127-750	128-750	L 130-749

PERCUSSION

RANGE: DULL - RESONANT - TYMPANIC

	UPPER			LOWER			FLANK		SHIFTING DULLNESS FLANK
	RIGHT	MIDDLE	LEFT	RIGHT	MIDDLE	LEFT	RIGHT	LEFT	
DULL	121-751	122-751	123-751	124-751	125-751	126-751	127-751	128-751	R 127-751
TYMPANIC	121-752	122-752	123-752	124-752	125-752	126-752	127-752	128-752	L 128-752

BOWEL SOUNDS

BUBBLE GURGLE	TINKLE	GROAN SQUEAK	0/2 MIN	0/1 MIN	1-4	5-8	>8	
1-753	2-753	3-753	1-754	2-754	3-754	4-754	5-754	
SOFTNESS				LENGTH IN SECONDS				
SOFTEST	SOFT	MIDDLE	LOUD	LOUDEST	1-2	3-5	6-10	>10
1-755	2-755	3-755	4-755	5-755	1-756	2-756	3-756	4-756



BODY SECRETIONS EXAM

	COLOR	VISCOSITY & SHAPE	TURBIDITY	TEMPERATURE	SPECIAL CHARACTERISTICS	
	COLORLESS 01	WATERY 13	CLEAR 22	WARM 33	PUS +1	38
	YELLOW 02	THICK 14	CLOUDY +1 23	ROOM 34	+2	39
	AMBER 03	TARRY 15	+2 24	COLD 35	+3	40
	GREEN 04	SOLID	+3 25		BLOOD +1	41
	BROWN 05	SOFT 16	OPAQUE 26		+2	42
	BLACK 06	FIRM 17		SPECIMEN AGE	+3	43
	GREY 07	HARD 18		<1 HOUR 36	OOZE	44
	PINK 08	PENSIL SHAPE 19	QUANTITY ML	>1 HOUR 37	FLOW	45
	RED 09		1-4 27		SPURT	46
	RED STREAK 10	BODY OPENINGS ONLY	5-19 28		CLOTS	47
	RED FLECK 11		20-49 29		MUCOUS +1	48
	OTHER 12		50-99 30		+2	49
INSERT BELOW, DESCRIPTION CODES FROM THIS FORM.		OBSTRUCTION PARTIAL 20	100-199 31		+3	50
EXAMPLE: 1-8 12		TOTAL 21	>200 32		FECES	51
					FOOD PARTICLES	52
					GAS	53
					WAX	54
					FOREIGN OBJECT	55

URINE	1-8__	1-8__	1-8__	1-8__	1-8__	1-8__
	1-8__	1-8__	1-8__	1-8__	1-8__	1-8__
FECES	2-8__	2-8__	2-8__	2-8__	2-8__	2-8__
	2-8__	2-8__	2-8__	2-8__	2-8__	2-8__
VOMIT	3-8__	3-8__	3-8__	3-8__	3-8__	3-8__
	3-8__	3-8__	3-8__	3-8__	3-8__	3-8__
SPUTUM	4-8__	4-8__	4-8__	4-8__	4-8__	4-8__
	4-8__	4-8__	4-8__	4-8__	4-8__	4-8__
SALIVA	5-8__	5-8__	5-8__	5-8__	5-8__	5-8__
	5-8__	5-8__	5-8__	5-8__	5-8__	5-8__
SPINAL FLUID	6-8__	6-8__	6-8__	6-8__	6-8__	6-8__
	6-8__	6-8__	6-8__	6-8__	6-8__	6-8__
MENSES	7-8__	7-8__	7-8__	7-8__	7-8__	7-8__
	7-8__	7-8__	7-8__	7-8__	7-8__	7-8__

BODY OPENINGS: DISCHARGE &/OR OBSTRUCTION	INSERT LOCATION CODE FROM DIAGRAM 1, & DESCRIPTION CODE FROM THIS FORM					
	__-8__	__-8__	__-8__	__-8__	__-8__	__-8__
	__-8__	__-8__	__-8__	__-8__	__-8__	__-8__



