

S18r1 Hematology and Physical Exam

Patient's Identification Number _____

Visit Date (yyyy/mm/dd): _____

Correction: Yes
 No

Review of systems is based on medical history:

1. General: malaise, fever, anorexia, weight loss/gain Normal
 Abnormal

1A. Note abnormality: _____

2. Cardiac: orthopnea, hypertension, palpitations Normal
 Abnormal

2A. Note abnormality: _____

3. GU: dysuria, discharge Normal
 Abnormal

3A. Note abnormality: _____

4. Eyes: changes in acuity, double vision, dry eyes Normal
 Abnormal

4A. Note abnormality: _____

5. Respiratory: shortness of breath, wheezing, cough, hemoptysis, pleuritic pain Normal
 Abnormal

5A. Note abnormality: _____

6. Musculoskeletal: cramps, swelling, pain Normal
 Abnormal

6A. Note abnormality: _____

7. Endocrine: diabetes, polyrrhea, polydipsia Normal
 Abnormal

7A. Note abnormality: _____

8. ENT: hoarse, sore throat, mouth sores, congestion, epistaxis Normal
 Abnormal

8A. Note abnormality: _____

9. GI: abdominal pain, nausea, vomiting, diarrhea, hematochezia Normal
 Abnormal

9A. Note abnormality: _____

10. Skin: rash, hives, dry skin, jaundice Normal
 Abnormal

10A. Note abnormality: _____

11. Neuro: headaches, weakness, paresis, syncope, seizures Normal
 Abnormal

11A. Note abnormality --> if abnormal for headaches, fill out Form 14.

12. Last menses (yyyy/mm/dd) --> if non-applicable, please note in Item 12A below.

12A. Non-applicable

N/A

13. Sexually active:

Yes
 No

13A. Contraceptive method:

14. Family history unchanged since (if date unknown, complete 14A) (yyyy/mm/dd):

14A. Select if date unknown:

Date unknown

15. Social history unchanged since (if date unknown, complete 15A) (yyyy/mm/dd):

15A. Select if date unknown:

Date unknown

16. Drug allergies:

Yes
 None known

16A. If Yes, list:

17. Penicillin VK:

Yes
 No

17A. If Yes, first date taken (if date unknown, complete 17B) (yyyy/mm/dd):

17B. Select if date unknown:

Date unknown

18. Hydroxyurea:

Yes
 No

18A. If Yes, first date taken (if date unknown, complete 18B) (yyyy/mm/dd):

18B. Select if date unknown:

Date unknown

19. Folate:

Yes
 No

19A. If Yes, first date taken (if date unknown, complete 19B) (yyyy/mm/dd):

19B. Select if date unknown:

Date unknown

20. Desferal:

Yes
 No

20A. If Yes, first date taken (if date unknown, complete 20B) (yyyy/mm/dd):

20B. Select if date unknown:

Date unknown

21. Height (xxx.x cm):

22. Weight (xxx.x kg):

23. OFC (xx.x cm):

24. Temperature (xx.x degrees C.)

- 25A. Pulse (xxx): _____
- 25B. Respiration rate (xxx): _____
- 26A. Blood pressure - systolic (xxx mm Hg): _____
- 26B. Blood pressure - diastolic (xxx mm Hg): _____
27. O sat (xxx %): _____

Examination Findings:

28. General Appearance Normal
 Abnormal
- 28A. If abnormal, explain: _____
29. Skin Normal
 Abnormal
- 29A. If abnormal, explain: _____
30. Lymph nodes Normal
 Abnormal
- 30A. If abnormal, explain: _____
31. Central venous line Normal
 Abnormal
 NA
- 31A. If abnormal, explain: _____
32. Extremities Normal
 Abnormal
- 32A. If abnormal, explain: _____
33. Mental status Normal
 Abnormal
- 33A. If abnormal, explain: _____
34. Motor Normal
 Abnormal
- 34A. If abnormal, explain: _____
35. Tone Normal
 Abnormal
- 35A. If abnormal, explain: _____
36. Spleen Normal
 Abnormal
- 36A. Spleen measurement (xx cm): _____
- 36B. If abnormal, explain: _____
37. Tanner stage I
 II
 III
 IV
 V

38. GU

- Normal
- Abnormal

38A. If abnormal, explain:

39. Anus/Rectum

- Normal
- Abnormal
- Not done

39A. If abnormal, explain:

40. HEENT

- Normal
- Abnormal

40A. If abnormal, explain:

41. Lungs

- Normal
- Abnormal

41A. If abnormal, explain:

42. Cardiovascular

- Normal
- Abnormal

42A. If abnormal, explain:

43. Abdomen

- Normal
- Abnormal

43A. If abnormal, explain:

44. Cranial nerve

- Normal
- Abnormal

44A. If abnormal, explain:

45. Sensory

- Normal
- Abnormal

45A. If abnormal, explain:

46. Reflexes

- Normal
- Abnormal

46A. If abnormal, explain:

47. Liver

- Normal
- Abnormal

47A. Liver measurement (xx cm):

47B. If abnormal, explain:

Staff I.D. #:
