DATA SET NAME: PHYSEXAM

ACT Physical Exam Form

Clinic Use Only

ID ☐ ☐☐☐☐☐ **NEWID** Acrostic ☐☐☐☐☐☐

Date Completed ☐☐/☐☐/☐☐ **VISIT** Completed by ☐☐ (Staff code)

		Specify Abnormality
1. General Appearance	☐ Normal ☐ Abnormal →	
2. Skin	☐ Normal ☐ Abnormal →	
3. Neck (Including Thyroid)	☐ Normal ☐ Abnormal →	
4. Head, ears, nose, throat	☐ Normal ☐ Abnormal →	
5. Lungs	☐ Normal ☐ Abnormal →	
6. Heart	☐ Normal ☐ Abnormal →	
7. Abdomen	☐ Normal ☐ Abnormal →	
8. Extremities	☐ Normal ☐ Abnormal →	
9. Gait	☐ Normal ☐ Abnormal →	

Comments:

Should this patient be excluded as a result of physical problems? ☐ Yes ☐ No **EXCLUDE**

ACT Follow-up Physical Exam Form

ID ☐ ☐☐☐☐☐	Acrostic ☐☐☐☐☐☐
Date Completed ☐☐/☐☐/☐☐	Completed by ☐☐ (Staff code)

Body System	Abnormality	Present?	Comments
Heart	Murmurs	☐ Yes ☐ No	
	Rubs	☐ Yes ☐ No	
	Gallops	☐ Yes ☐ No	
Lungs	Adventitious breath sounds	☐ Yes ☐ No	
	Diminished breath sounds	☐ Yes ☐ No	
Neuromuscular	Gait	☐ Yes ☐ No	
Extremities	Clubbing	☐ Yes ☐ No	
	Xanthoma	☐ Yes ☐ No	
	Deformities	☐ Yes ☐ No	
Pulses	Radial	☐ Yes ☐ No	
	Dorsalis Pedis	☐ Yes ☐ No	
Neck	Carotid bruits	☐ Yes ☐ No	

Completed by ☐☐ (Staff code)