



PHYSICAL EXAMINATION AND LABORATORY DATA

Name _____

Date / / DATE06
Mo. Day Yr.

A. Physical Examination

1. Weight kg lbs.
WEIGHT06
2. Height HEIGHT06 cm inches
3. Pulse PULSE06 per min.
4. Blood pressure SYSBP06 / DIASBP06 / mm Hg (upper ext. supine)
- | | 1 Yes | 2 No |
|-----------------------------|--|--------------------------|
| 5. S ₃ Sound | <small>S3SND06</small> <input type="checkbox"/> | <input type="checkbox"/> |
| Basilar rales | <small>RALES06</small> <input type="checkbox"/> | <input type="checkbox"/> |
| Pitting edema | <small>EDEMA06</small> <input type="checkbox"/> | <input type="checkbox"/> |
| Elevated venous pressure | <small>ELEVAT06</small> <input type="checkbox"/> | <input type="checkbox"/> |
| Mitral regurgitation murmur | <small>MURMUR06</small> <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatic enlargement | <small>HEPATC06</small> <input type="checkbox"/> | <input type="checkbox"/> |

B. Laboratory Data

- | | | Not Done |
|--------------------------------|---|---|
| 1. Creatinine | <small>CREATN06</small> / <u> </u> mg% | <small>BUN06</small> <input type="checkbox"/> |
| 2. Packed cell volume | <u> </u> <small>PCLVOL06</small> | <input type="checkbox"/> |
| 3. Glucose | | |
| | Fasting <u> </u> <small>GFAST06</small> mg% | <input type="checkbox"/> |
| | 2-hr Pc <u> </u> <small>G2HRPC06</small> mg% | <input type="checkbox"/> |
| | at random <u> </u> <small>GRANDM06</small> mg% | <input type="checkbox"/> |
| 4. Cholesterol | <u> </u> <small>CHOLE06</small> mg% | <input type="checkbox"/> |
| 5. Triglycerides | <u> </u> <small>TRIGLY06</small> mg% | <input type="checkbox"/> |
| 6. Lipoprotein electrophoresis | | <input type="checkbox"/> |
| | 1 Normal <input type="checkbox"/> <small>LIPOPR06</small> | |
| | 2 Abnormal <input type="checkbox"/> | |
| If abnormal circle type: | <small>ABNTYP06</small> | |
| 1 I | 2 IIA | 3 IIB |
| 4 III | 5 IV | 6 V |
| | | 7 None of these |

For clinic use: _____

Name of person filling out form