

Framingham Heart Study

Original Cohort Exam 3

01/18/1952-11/27/1956

N=4416

Exam Form Versions

- 9-52 Interval Medical History, Cardiovascular Examination & Re-examination X-Ray Report
- 4-53 Summary of Findings
- 7-53 Exam III Code Sheet

Notes on Framingham Heart Study Main Exam Data Collection Forms

Multiple versions of each exam form were used at the time of data collection. However, only one version of each exam form has been provided in the samples below. The other versions, which can be found in the participants' charts, have the same variables as the sample exam forms, but may be placed in a different format.

On some of the sample exam forms, the same variable may be found on two different data sheets. An example of this would be variable "FA159" on original cohort exam 8, which is "Signs of CVA: Aphasia." This variable appears both in the physical examination and Exam VIII Code Sheet Card No. 4. The reason for the reappearance of variables is that one data sheet was used for collection of the data, while the other was used to enter the data into the computer. Variables appearing more than once on an exam form should hold the same value in both places for that particular participant.

SUMMARY OF FINDINGS

Record No. ID

Exam
3

Name _____

Sex MF3 Height _____ in.

Exam. Number and Date		I	II	III	IV	V	VI	VII	VIII	IX	X
LABP	Admission	/	/	/	/	/	/	/	/	/	/
	1st Examiner	/	/	/	/	/	/	/	/	/	/
	2nd Examiner	/	/	/	/	/	/	/	/	/	/
PE	Weight in lbs.			MF180							
	Vital Capacity			MF181							
X-RAY*	Doubtful										
	Abnormal										
ECG**	Doubtful										
	Abnormal										
	BCG (Grade)										

MF183

(*) If Doubtful or Abnormal, indicate:
 Gr.V.—great vessels MF197
 MF198 GCE—generalized cardiac enlargement
 LVH—left ventricular hypertrophy MF199
 Oth Cont—other contour MF200
 Non CV—non CV disease MF201

(**) If Doubtful or Abnormal, indicate:
 Myo Inf—myocardial infarct MF184
 MF185 LVH—left ventricular hypertrophy
 IVB—IV block MF186
 MF187 AVB—AV block
 NS T-wave—nonspecific T-wave MF188
 MF189 Arr—arrhythmia

Name _____

DIAGNOSTIC IMPRESSION AT TIME

Record No. ID

		I	II	III	IV	V	VI
CARDIOVASCULAR IMPRESSION	CARDIAC	NO CVD	/ /	/ /	/ /	/ /	/ /
		Arteriosclerotic HD					
		Angina pectoris					
		Myocardial infarct, by history					
		Myocardial Infarct, by ECG					
		Rheumatic HD					
		RF or chorea					
		Systolic murmur(s): Mitral					
		(enter grade) Aortic					
		Diastolic murmur(s): Mitral					
		(enter grade) Aortic					
		X-Ray evidence ^{1/}					
		Hypertensive HD					
		High blood pressure					
		LVH or GCE on X-Ray					
		LVH by ECG					
		Other HD ^{2/}					
		NCA					
	Functional and Physiologic Dx						
	Functional class ^{2/}			MF196			
	Congestive heart failure						
	VASCULAR	Other Vascular Disease					
		Cerebrovascular accident					
		Peripheral arterial insufficiency					
	NON-CV DIAGNOSIS ^{2/}						
	Type letter sent to patient ^{2/}						
	Reviewer's initials						

Record No. ID

LABORATORY FINDINGS

Exam. Number and Date I II III IV V VI VII VIII IX X

Exam. Number and Date		I	II	III	IV	V	VI	VII	VIII	IX	X
MF182 MF168 MF169 MF170 MF171	STS										
	Cholesterol										
	Hemoglobin										
	Phospholipid										
	Sugar										
	Uric Acid										
BLOOD ANALYSIS											
URINALYSIS	Specific Gravity										
	Sugar										
	Albumin										

MF172
MF173

INTERVAL MEDICAL HISTORY

3

NAME (Last)	(First)	(Middle)	DATE LAST EXAM	DATE THIS EXAM	RECORD NO.
			ID		
1. ACUTE INFECTIONS		Number	7. CORONARY THROMBOSIS		
A. - + Head colds and other U.R.I. per year			- + Does patient report coronary attack? Date		
B. - + Sore throats, severe			- + Does examiner believe that patient had a myocardial infarction? (if yes, fill out special form)		
C. - + La Grippe			Comment		
D. - + <input checked="" type="checkbox"/> Gastro-enteritis					
E. - + Other (specify)			8. ROUTINE HEALTH EXAMS Date		
			A. - + Insurance		
			B. - + Place of employment		
			C. - + Armed forces		
			D. - + Private physician		
			E. - + Other (specify)		
			F. Abnormalities found (specify)		
2. RHEUMATIC HISTORY			9. OTHER CV DISEASE		
A. - + Rheumatic fever or inflammatory rheumatism			- + A. MF 194 <input type="checkbox"/> CHF <input type="checkbox"/> CVA <input type="checkbox"/> Enlarged heart		
B. - + Acute swollen joints <input type="checkbox"/> Single <input type="checkbox"/> Multiple Location:			D. <input type="checkbox"/> Nervous heart E. <input type="checkbox"/> Peri-carditis F. <input type="checkbox"/> Sub-acute endocarditis		
C. - + Chronic joint pain or swelling <input type="checkbox"/> Single <input type="checkbox"/> Multiple Location:			G. <input type="checkbox"/> Other (specify)		
D. - + Muscular rheumatism or arthritis Location:			10. PEPTIC ULCER		
E. - + Bursitis <input type="checkbox"/> Acute <input type="checkbox"/> Chronic Location:			- + <input type="checkbox"/> New dx <input type="checkbox"/> Recurrence		
F. - + Does examiner believe patient had active rheumatic fever? <input type="checkbox"/> Original <input type="checkbox"/> Recurrent			11. KIDNEY DISEASE		
G. - + Does examiner believe patient had arthritis <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Hypertrophic <input type="checkbox"/> Other (specify)			- + <input type="checkbox"/> New dx <input type="checkbox"/> Recurrence Type:		
3. OPERATIONS (specify)		At Age	Basis for dx:		
A.					
B.					
4. THYROID DISEASE			12. PREGNANCIES (since last exam)		
A. Type diagnosed			No. <input type="checkbox"/> Miscarriages: No. _____		
B. Treatment			<input type="checkbox"/> Albuminuria		
C. Present status			<input type="checkbox"/> Severe edema		
			<input type="checkbox"/> Hypertension <input type="checkbox"/> Convulsions		
			Examiner believes patient had		
			- + toxemia of pregnancy at age _____		
5. HYPERTENSION			13. MENOPAUSE		
A. No. times blood pressure taken since exam here			- + Age at onset _____		
B. Readings			- + Artificial		
6. ANGINA PECTORIS			NOTES (specify section)		
- + Date of onset					

MF193

INTERVAL MEDICAL HISTORY - PAGE 2		SURNAME	RECORD NO. ID
14. WEIGHT DURING INTERVAL		25. CHOKING OR SMOTHERING	
A. Maximum _____ Minimum _____ B. Reason for change _____ C. Do you eat as much as you want? <input type="checkbox"/> - <input type="checkbox"/> + If no, how much do you restrict? _____		1 When <input type="checkbox"/> - <input type="checkbox"/> + occurs: _____	
15. SLEEP		26. SIGHING RESPIRATION	
Avg. no. hours in bed _____ Avg. no. hrs. sleep _____		When <input type="checkbox"/> - <input type="checkbox"/> + occurs: _____	
16. PERSISTENT COUGH		27. UNCOMFORTABLE IN CROWDED PLACES	
<input type="checkbox"/> - <input type="checkbox"/> + Duration _____ Timing _____ Productive _____ Amt. _____		Explain: <input type="checkbox"/> - <input type="checkbox"/> +	
17. HEMOPTYSIS		28. FREQUENTLY NERVOUS OR UPSET	
<input type="checkbox"/> - <input type="checkbox"/> + Amount: _____		<input type="checkbox"/> - <input type="checkbox"/> + <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	
18. DYSPNEA ON EXERTION		29. ANGINA OR CHEST DISCOMFORT	
<input type="checkbox"/> - <input type="checkbox"/> + Grade 1 2 3 4 Increase in past year 0 1 2 3		<input type="checkbox"/> - <input type="checkbox"/> + Do you ever have chest pain or discomfort?	
19. ORTHOPNEA		<input type="checkbox"/> - <input type="checkbox"/> + Do you get any pain or discomfort when you exert yourself, or when you are excited?	
<input type="checkbox"/> - <input type="checkbox"/> + No. of pillows used _____		Date of onset _____	
20. PAROXYSMAL NOCTURNAL DYSPNEA		<input type="checkbox"/> - <input type="checkbox"/> + occurs at rest	
<input type="checkbox"/> - <input type="checkbox"/> + Frequency _____		Location _____	
21. INCREASING FATIGABILITY		Type _____	
<input type="checkbox"/> - <input type="checkbox"/> + patient believes it is due to: _____		Duration _____	
22. BOTHERED BY HEADACHES		Radiation _____	
<input type="checkbox"/> - <input type="checkbox"/> + Location _____ Frequency _____		Precipitated by _____	
<input type="checkbox"/> - <input type="checkbox"/> + Associated with nausea patient believes they are due to: _____		Relieved by _____	
23. DIZZY OR NERVOUS SPELLS		Frequency _____	
<input type="checkbox"/> - <input type="checkbox"/> + Examiner believes they are: <input type="checkbox"/> Dizzy <input checked="" type="checkbox"/> Nervous		<input type="checkbox"/> - <input type="checkbox"/> + Examiner believes chest pain represents angina pectoris	
24. PALPITATION (Patient is aware of heartbeat)		Description of other discomfort _____	
<input type="checkbox"/> - <input type="checkbox"/> + Frequency: _____ Examiner believes this occurs: _____ <input type="checkbox"/> At rest <input type="checkbox"/> Only with exertion <input type="checkbox"/> With extrasystoles <input type="checkbox"/> With paroxysmal tachycardia		NOTES (specify section)	
<input type="checkbox"/> - <input type="checkbox"/> + patient is bothered by symptom			

<p>30. ABDOMINAL PAIN OR INDIGESTION</p> <p>- + <input type="checkbox"/> Pain <input type="checkbox"/> Indigestion</p> <p>Location _____</p> <p>Examiners interpretation _____</p> <hr/> <p>31. CALF PAIN OR CRAMP WHILE WALKING</p> <p>- + Distance: _____</p> <p>- + Examiner believes this is claudication</p> <hr/> <p>32. PHLEBITIS</p> <p>- + <input type="checkbox"/> Acute <input type="checkbox"/> Chronic</p> <p>Precipitating factors _____</p> <hr/> <p>33. ANKLE EDEMA</p> <p>- + When occurs: _____</p> <hr/> <p>34. DRUGS TAKEN</p> <p>- + Digitalis: amt. _____</p> <p>+ Nitroglycerin: amt. _____</p> <p>Other (check boxes)</p> <p><input type="checkbox"/> Amphetamine <input type="checkbox"/> Aspirin <input type="checkbox"/> Laxatives</p> <p><input type="checkbox"/> Antacids <input type="checkbox"/> Hormones <input type="checkbox"/> Sedatives</p> <p><input type="checkbox"/> Antibiotics <input type="checkbox"/> Injections <input type="checkbox"/> Sulfa</p> <p><input type="checkbox"/> Antihistamine <input type="checkbox"/> Iron <input type="checkbox"/> Vitamins</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>38. SUPPLEMENTAL LIFETIME DISEASE HISTORY</p> <p>- + a. Influenza - 1918 pandemic</p> <p>- + b. Poliomyelitis: Date of occurrence: _____</p> <p>c. Allergies: Age at onset _____ Present status: _____</p> <p>- + <input type="checkbox"/> Hay fever <input type="checkbox"/> Asthma <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Hives <input type="checkbox"/> Drug reaction (specify) _____</p> <p>- + d. Pernicious anemia: Age at onset _____ Present status _____</p> <p>- + e. Diabetes Age dx _____ Insulin amt. req'd. _____ Insulin shock No. times _____ Coma No. times _____</p> <p>- + f. Gallbladder disease Age at onset _____ Basis for dx _____</p> <p>- + g. Chronic pulmonary disease (specify) _____ Age at onset _____ Present status: _____</p> <p>- + h. other (specify) _____</p>	<p>35. STIMULANTS USED</p> <p>- + coffee cups/day _____</p> <p>- + Tea cups/day _____</p> <p>- + Tobacco (per day) Cigarettes _____ Cigars _____ Pipes _____</p> <hr/> <p>- + Alcohol Highballs or cocktails <input type="checkbox"/> None _____ day _____ days/mo. <input type="checkbox"/> < 1/mo.</p> <p>Beer <input type="checkbox"/> None _____ day _____ days/mo. <input type="checkbox"/> < 1/mo.</p> <p>Wine <input type="checkbox"/> None _____ day _____ days/mo. <input type="checkbox"/> < 1/mo.</p> <hr/> <p>36. HAS PATIENT SEEN A DOCTOR DURING INTERVAL FOR ANY OTHER REASON?</p> <p>- + Specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <hr/> <p>37. NEUROCIRCULATORY ASTHENIA</p> <p>Does examiner think patient - + has NCA? _____</p> <p>Comment: _____</p>
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SUPPLEMENTAL LIFETIME HISTORY

<p>39. MURMURS</p> <p>- + First heard:</p> <p><input type="checkbox"/> Before exam at Fram. Ht. Prog. At Age _____ by _____</p> <p><input type="checkbox"/> At Fram. Ht. Prog. exam.</p> <p><input type="checkbox"/> Since last Fram. Ht. Prog. exam. Date _____ by _____</p>	<p>42. HOSPITALIZATION OTHER THAN OPERATION</p> <p>- + At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p> <p>At age _____ for: _____</p>
<p>40. HEART AUSCULTATION (other than F.H.P.)</p> <p>- + At age _____ by _____</p> <p>At age _____ by _____</p> <p>At age _____ by _____</p>	<p>43. SYNCOPE</p> <p>- + No. times _____ At ages _____</p> <p>Patient believes this is due to: _____</p>
<p>41. RAYNAUD'S PHENOMENON</p> <p>- + Age at onset _____</p>	<p>- + Convulsions _____</p>

OTHER CONTRIBUTORY HISTORY (Interval or lifetime)

<p>Communication Rating</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Reason: _____</p>	<p>Examiner's Signature _____</p>
<p>CONSULTANT'S NOTES AND DIAGNOSIS</p>	<p>Left Arm B.P. _____</p> <p>Sys _____ Dias _____</p>

Date _____ Consultant's Signature _____

CARDIOVASCULAR EXAMINATION



NAME (Last) (First) (Middle) DATE RECORD NO. ID

1. ORAL TEMPERATURE 2. RADIAL PULSE 3. RESPIRATION 4a. HEIGHT
 4b. WEIGHT MF180 5. AP DIAM CHEST 6. CHEST CIRCUM. 7. WAIST CIRCUM.
 8. BODY MASS a. Resp. b. Insp.

9. HAIR BALD PATTERN 10. VITAL CAPACITY MF181
 COLOR % GRAY FRONT BACK SIDES a. Actual b. Ideal

11. COLOR NORMAL PALE OTHER (Specify) Describe
 12. CYANOSIS - +
 13. SKIN LESIONS - + Type Location
 14. BLUSH - + Location
 15. HYPERHIDROSIS - + Location

H & A N A R M S S
 16. CLUBBING - + Fingers 0 1 2 3
 17. RADIAL ARTERIES NORMAL THICKENED TORTUOUS
 18. RADIAL PULSE NORMAL OTHER (Specify)

E Y E S
 19. EXOPHTHALMOS 0 1 2 3 4
 20. ARCUS SENILIS 0 1 2
 21. XANTHELASMA + L. R. Size mm.

22. RETINA
 VIEWED
 NOT VIEWED
 NORMAL
 ABNORMAL

a. Tortuous	0	1	2	3	4
b. Narrowing	0	1	2	3	4
c. Wide Light Reflex	0	1	2	3	4
d. AV Nicking	0	1	2	3	4
e. Silver Wire	0	1	2	3	4
f. Hemorrhages	0	1	2	3	4
g. Exudate	0	1	2	3	4

 h. OTHER (Specify)
 i. Abnormal Group I II III IV

N E C K
 23. THYROID ABNORM.
 SINGLE NODULE MULTIPLE NODULE
 Size of Nodule Location mm.
 DIFFUSE: SLIGHT MEDIUM MARKED

24. VEIN ENGORGEMENT 0 1 2 Location

25. LYMPHATICS: ABNORMAL LYMPH NODES - + Location

SECOND OBSERVER'S COMMENTS

CARDIOVASCULAR EXAMINATION - PAGE 2

SURNAME

RECORD NO.

FD

C H E S T	26. DEFORMITY	a. DEPRESSED STERNUM 0 1 2 3 4	b. INCREASED AP. DIAM 0 1 2 3 4	SECOND OBSERVER'S COMMENTS
	- +	c. KYPHOSIS 0 1 2 3 4	d. SCOLIOSIS 0 1 2 3 4	
	e. OTHER (Specify)			
27. LUNGS	a. BREATH SOUNDS:	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL		
	b. RALES	Type	Location	
	c. OTHER ABNORMALITY (Specify)			
H E A R T	28. CARDIAC RHYTHM	<input type="checkbox"/> REGULAR <input type="checkbox"/> MARKED SA <input type="checkbox"/> PREMATURE BEATS NO./MIN. _____ <input type="checkbox"/> AF <input type="checkbox"/> OTHER: _____ Specify		
	29. APICAL RATE (Full minute)			
30. THRILL		Location	<input type="checkbox"/> SYSTOLIC <input type="checkbox"/> DIASTOLIC	
H E A R T S O U N D S	31. HEART SIZE	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ENLARGED APEX IMPULSE: <input type="checkbox"/> NOT FELT <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER <input type="checkbox"/> INSIDE MCL <input type="checkbox"/> OUTSIDE MCL LBD: <input type="checkbox"/> NOT MADE OUT <input checked="" type="checkbox"/> INSIDE MCL <input type="checkbox"/> OUTSIDE MCL		
	32. MITRAL FIRST	GRADE: 0 1 2 3 4 N	<input type="checkbox"/> BOOMING <input type="checkbox"/> SNAPPING <input type="checkbox"/> SLIGHTLY SPLIT <input checked="" type="checkbox"/> BROADLY SPLIT	
	MITRAL SECOND	0 1 2 3 N	<input type="checkbox"/> SPLIT	
PULMONIC FIRST	0 1 2 3 4 N	<input type="checkbox"/> SPLIT		
PULMONIC SECOND	0 1 2 3 4 N	<input type="checkbox"/> SNAPPING SPLIT <input type="checkbox"/> SPLIT		
AORTIC FIRST	0 1 2 3 N	<input type="checkbox"/> SPLIT		
AORTIC SECOND	0 1 2 3 4 N	<input type="checkbox"/> TAMBOUR <input type="checkbox"/> SPLIT		
33. PULMONIC SECOND SOUND		<input checked="" type="checkbox"/> > A ₂ <input type="checkbox"/> = A ₂ <input type="checkbox"/> < A ₂		
34. THIRD HEART SOUND	<input type="checkbox"/> MORE HEARD <input type="checkbox"/> NORMAL			
	<input type="checkbox"/> OPENING SNAP MITRAL VALVE <input type="checkbox"/> SYSTOLIC CLICK			
35. GALLOP RHYTHM		<input type="checkbox"/> PRESYSTOLIC <input type="checkbox"/> PROTO DIASTOLIC		

COMMENTS

HEART (CONT.)	36. SYSTOLIC MURMURS	AREA	TIMING	QUALITY	GRADE	PITCH
	(Recumbent)	a. APEX	E M L	BL Ha Mu C Dc	1 2 3 4 5 6	Lo Me Hi
	<input type="checkbox"/> NONE HEARD	b. MID PRECORDIUM	E M L	BL Ha Mu C Dc	1 2 3 4 5 6	Lo Me Hi
		c. LEFT BASE	E M L	BL Ha Mu C Dc	1 2 3 4 5 6	Lo Me Hi
		d. RIGHT BASE	E M L	BL Ha Mu C Dc	1 2 3 4 5 6	Lo Me Hi
TRANSMISSION <input type="checkbox"/> NONE A B C D to <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> AAL <input type="checkbox"/> MAL <input type="checkbox"/> BACK <input type="checkbox"/> NECK						
37. SIGNIFICANT CHANGE IN SYSTOLIC MURMURS WHEN SITTING <input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT						
SPECIFY						
HEART	38. DIASTOLIC MURMURS	a. MITRAL	AREA	TIMING	QUALITY	GRADE
	<input type="checkbox"/> NONE HEARD	- +	A: MP AAL	E M L	Ru Cr	Before Exercise 0 1 2 3 4
b. AORTIC		A MP	E M L	BL Dcr	After Exercise 0 1 2 3 4	
39. PATIENT WAS EXERCISED: <input type="checkbox"/> YES <input type="checkbox"/> NO						
40. OTHER BRUITS - + Describe						

FIRST OBSERVER'S COMMENTS ON MURMURS

SECOND OBSERVER'S COMMENTS ON MURMURS

A B D O M	41. LIVER	PALPABLE ON FULL INSPIRATION	(CMS In MCL) 0 1 2 3 4 5	TENDER	- +	SECOND OBSERVER'S COMMENTS
	42. SPLEEN PALPABLE	- +				
A N D G E E T	43. FEMORAL PULSE	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> DIMINISHED	<input type="checkbox"/> ABSENT	<input type="checkbox"/> CORRIGAN	
	44. ANKLE EDEMA	- +	LEFT 0 1 2 3 4	RIGHT 0 1 2 3 4		
	45. VARICES	- +	LEFT 0 1 2 3 4	RIGHT 0 1 2 3 4		

46. EMOTIONAL STATE TENSE

RELAXED

47. OTHER SIGNIFICANT FINDINGS

C H F

MF174/
MF175

MF176/
MF177

MF178/
MF179

48. BLOOD PRESSURE (Patient Sitting)	ADMISSION		EXAM #1	EXAM #2	CONSULTANT	FINAL
	LEFT ARM	RIGHT ARM	LEFT ARM	LEFT ARM	LEFT ARM	LEFT ARM
49. CLINICAL CARDIOVASCULAR DIAGNOSTIC IMPRESSION					SECOND OBSERVER'S OPINION	
ETIOLOGICAL	1.	2.	3.			
ANATOMICAL	1.	2.	3.			
PHYSIOLOGICAL	1.	2.	3.			
FUNCTIONAL CLASS	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>		
50. NON-CARDIAC DIAGNOSTIC IMPRESSION						
a.						
b.						
c.						
SIGNATURE OF EXAMINER			DATE	SIGNATURE OF OBSERVER		

CODED BY _____ DATE _____

VERIFIED BY _____ DATE _____

IM. III CODE SHEET
Framingham Heart Study

NAME _____

IDENTIFICATION	1-4	5	6-11	12
	RECORD NUMBER	EXAM. NO.	DATE OF BIRTH	TYPE PT.

CARD 1	CARD 2
--------	--------

BLOOD ANALYSIS

13
STS

14-16
CHOLESTEROL

17-19
HEMOGLOBIN

20-22
PHOSPHOLIPID

23-25
SUGAR

26-27
URIC ACID

X-RAY

13 14 15 16 17 18

X-RAY GR. V GCE LVH OTH. CO. NON CV

ECG

19 20 21 22 23 24

ECG MI LVH LVB AVB NS T.W.

25 26 27 28 29

ARR. IBBB RVH PR < 12 OTH. ABN.

BCG

30

BCG

ANALYSIS

28-31
SPEC. GRAVITY

32
SUGAR

33
ALBUMIN

ASHD

31 32 33 34

ASHD AP MI MI (NIST) (ECG)

RHD

35 36 37 38 39 40 41

RHD RF MS M AS M MD M AD M X-RAY (EVID.)

BLOOD PRESSURE

34-39
ADH.

40-45
1ST EX.

46-51
2ND EX.

HHD

42 43 44 45

HHD HBP ENL. ON X-RAY LVH BY ECG

OTHER HD and CVD

46 47 48 49 50 51

CONG. LUET. THYRO. MYOC. PERIC. SBE

52 53 54

OTH. HD CHF CVA

MEASUREMENTS

52-54
WEIGHT

55-56
VITAL CAPACITY

OTHER ITEMS

55 56 57 58

NCA F'N'L CL. INTER. CLAUD RAY'S DIS.

59

TYPE L. TO PT.

RE-EXAMINATION X-RAY REPORT

					SEX	AGE	HEIGHT	WEIGHT	RECORD NO.
								MF180	ID
READING OF PRESENT FILM					INTERPRETATION OF PRESENT FILM IN LIGHT OF CLINICAL DATA				
A. CARDIAC FINDINGS <input type="checkbox"/> Normal <input type="checkbox"/> Doubtful: specify nos. _____ <input type="checkbox"/> Abnormal: specify nos. _____					A. CARDIAC FINDINGS <input type="checkbox"/> Normal <input type="checkbox"/> Doubtful: specify nos. _____ <input type="checkbox"/> Abnormal: specify nos. _____				
B. CARDIAC ABNORMALITIES 1. Size MF198 <input type="checkbox"/> a. Generalized enlargement C/T Ratio _____ MF199 <input type="checkbox"/> b. LVH <input type="checkbox"/> c. AH MF191 <input type="checkbox"/> d. RVH					B. NON-CARDIAC ABNORMALITIES MF201 <input type="checkbox"/> None <input type="checkbox"/> Abnormalities: _____ _____ _____				
2. Contour (other than enlargement) MF200 <input type="checkbox"/> Specify _____ _____					CHANGE FROM PREVIOUS X-RAY <input type="checkbox"/> No change <input type="checkbox"/> Changes (specify): _____				
3. Great Vessels <input type="checkbox"/> a. Aorta tortuous (1) <input type="checkbox"/> Asc. (2) <input type="checkbox"/> Desc. (3) <input type="checkbox"/> Arch <input type="checkbox"/> b. Aorta calcified <input type="checkbox"/> c. Other abnormality of aorta _____ <input type="checkbox"/> d. Pulmonary artery abnormal									
4. Position of heart <input type="checkbox"/> _____					CHANGE IN INTERPRETATION OF PRESENT FILM AFTER COMPARISON WITH PREVIOUS FILM <input type="checkbox"/> No change <input type="checkbox"/> Changes (specify): _____				
5. Calcification (other than aortic) <input type="checkbox"/> _____									
C. NON-CARDIAC ABNORMALITIES <input type="checkbox"/> None <input type="checkbox"/> Abnormalities: _____ _____ _____									
					INTERPRETED BY:				