

## HEIRS CLINICAL ASSESSMENT FORM

Participant ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">[ ]</td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: small;">[affix ID label here]</td> </tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[affix ID label here]										Acrostic	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">[ ]</td> </tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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### Part 1: Medication Reception

***As you know, the Hemochromatosis and Iron Overload Screening Study will be describing all medications its participants are using, both prescription and over-the-counter. These include pills, liquid medications, skin patches, eye drops, creams, salves, inhalers and injections, as well as cold or allergy medications, vitamins, herbal remedies and other supplements. The letter you received about this appointment included a plastic bag for all of your current medications and asked you to bring them to the clinic.***

**1. Have you brought the bag with you?**

1  Yes

2  No → Make arrangements to obtain

**2. Are these all the medications that you have taken in the past two weeks?**

1  Yes

2  No → 
 1  Arrangements to obtain have been made      2  Took no medications  
 3  Refused →   
 (give reason)

### 3. Prescription Medications

***Print the first 20 letters of each medication only – please print clearly***

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**4. Number unable to transcribe:**

**Part 1: Medication Reception (continued)**

**5. Over-the-counter Medications**

*Copy the name(s) of the medicine(s) in the space below. Include all pills, liquid medications, skin patches, eye drops, creams, salves, and inhalers.*


**6. Number unable to transcribe:**

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<i>(For Office Use Only)</i>
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1  **Fairview**

<i>(For Office Use Only)</i>
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2  **Fairview Replicate**

Acrostic

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## Part 2: Physical Exam

**7. Height**  1  Feet  1  inches  
2  Meters 2  cm

**8. Weight**  1  Pounds  
2  Kilograms

**9. Temperature** . 1  °F 2  °C

**10. Pulse**  beats per minute

**11. Systolic Blood Pressure**  mmHg

**12. Diastolic Blood Pressure**  mmHg

### LIVER

**13. Hepatomegaly** (liver palpable  $\geq$  2 cm below R. costal margin or xiphoid process on deep inspiration) 1  Yes 2  No 3  Not sure

**14. Splenomegaly (spleen palpable below L. costal margin)** 1  Yes 2  No 3  Not sure

Comments:

### HEART

#### 15. Arrhythmia

**15a. Bradycardia (<40 beats per minute)** 1  Yes 2  No 3  Not sure

**15b. Tachycardia (>100 beats per minute)** 1  Yes 2  No 3  Not sure

**15c. Frequent premature contractions** ( $\geq$ 1 ectopic beat per min.) 1  Yes 2  No 3  Not sure

**15d. Other abnormal rhythm** 1  Yes 2  No 3  Not sure

**15e. Murmur (any prolonged sound produced by the heart)** 1  Yes 2  No 3  Not sure

**15f. Edema** (symmetrical edema of dependent areas, usually lower extremities, with or without pitting) 1  Yes 2  No 3  Not sure

Comments:

### SKIN

**16. Increased pigmentation on sun-exposed or unexposed areas (grayish or brownish shades)** 1  Yes 2  No 3  Not Sure

**17. Blistering, ulcers, scarring of sun-exposed skin** 1  Yes 2  No 3  Not Sure

**18. Hypertrichosis (excess hair growth in sun-exposed areas)** 1  Yes 2  No 3  Not Sure

Comments:

### BONES AND JOINTS

**19. MP joints: Swollen or tender** 1  Yes 2  No 3  Not Sure

Comments: