

**CIRS HEALTH NEEDS ASSESSMENT STUDY
PHYSICAL EXAMINATION AND LABORATORY DATA FORM**

1. Site Number: _____ 2. Examiner: _____

3. Date: ___/___/___
month day year

4. Subject Number/Questionnaire: _____ Name: _____

5. Clinic Number: _____

6. Sex: M F

7. Date of Birth ___/___/___

8. Weight: ___ ___ pounds

9. Height: ___ ___ inches

10. Blood Pressure: ___ ___ ___/___ ___ ___ (Systolic/diastolic)

11. Dentition: (Circle all that apply)

- 1 Gingivitis
- 2 Missing or broken teeth
- 3 Decaying teeth
- 4 Other (Specify: _____)
- 5 Declined or not applicable
- 6 Normal

12. Skin:

- 1 Dermatitis
- 2 Laceration
- 3 Other (Specify: _____)
- 4 Abrasion
- 5 Declined or not applicable
- 6 Normal

13. Lung auscultation:

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

14. Cardiac auscultation:

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

15. Abdomen auscultation:

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

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16. Abdomen palpation

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

17. Breast Exam

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

18. Pelvic Examination(Females)/Testicular Exam (Males)

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

19a. Date of last Pap smear [*If woman never had one, write "never".*]: _____

19. Pap smear results

- 1 Normal
- 2 Abnormal (Specify: _____)
- 3 Declined or not applicable

20. Glucose

_____ mg/dl

21. Cholesterol

_____ mg/dl

22. Hemoglobin

_____ g/dl

23. Chlamydia Culture

Positive Negative Not Applicable

24. Gonorrhea

Positive Negative Not Applicable

25. Syphilis

Positive Negative Not Applicable

26. CBC