

South African Integrated Family Survey

Khayelitsha – 2003 Medical Examination

Date of examination: ____/____/ 2003

Name: _____ Address: _____

Household ID Number: _____ Respondent Code: _____ Age: _____ Sex: _____

General:

NAD Pallor Jaundice Cyanoses Clubbing
Arcus Seniles Wasting Peripheral Edema Scarring / Bruises

Skin: NAD Comment: _____

Mouth and Throat: NAD Ulceration Candida Comment: _____

Dental Status: NAD comment: _____

Thyroid: NAD Enlarged Comment: _____

Lymphadenopathy: NAD Yes Comment: _____

Epitrochlear Nodes: NAD Yes Comment: _____

Chest: NAD Comment: _____

COR: NAD Comment: _____

Abdomen: NAD Comment: _____

BP: _____ **Pulse:** _____

Peripheral Pulses: NAD Comment: _____

Joint Abnormalities: NAD Comment: _____

Achilles Tendon: NAD Comment: _____

CNS: NAD Comment: _____

Weight: _____ **Height:** _____ **Waist Measurement:** _____

Hip Measurement: _____

General comments: _____

Chest X-Ray: NAD

Radiologists Report: _____

FBC: Hb: _____ wcc: _____ platelets: _____

ESR: _____

Blood Sugar: _____

Cholesterol: _____

Triglycerides: _____

HDL: _____

LDL: _____

Urine Testing: _____

Other: (ask patient)

Has the patient had any surgery in his or her life? _____

Has the patient ever been physically hurt by anyone in his/her family? Yes No

If so, when did this happen? _____

Comment on Findings: _____

Intervention Recommendation: _____

