Examiner's Report

27. a. Height _____ cm (bare foot) Weight _____ Kg (with clothes)

b. Abdomen : Naked at umbilicus _____

c. Chest : At full inspiration _____ cm At full expiration _____ cm

28. Pulse rate _____

Rhythm ☐ Regular

☐ Irregular _____

29.

Blood pressure	Systolic	Diastolic
1st reading		
2nd reading		
3rd reading		

If blood pressure is above 140/90, please measure 3 times at an interval of 5 minutes.

Is there evidence of past or present abnormality of:	Yes	No	If yes, please give details.
30. The cardiovascular system - Abnormal heart sounds, heart murmur. - Heart size. - Inadequate Circulation anywhere - shortness of breath, oedema, stasis dermatitis, peripheral vascular disease.	☐ ☐ ☐	☐ ☐ ☐	Please complete Heart Chart if any "yes" answer to question 30.
31. The Lungs - Chest deformity, emphysema, rales etc.	☐	☐	
32. The head, neck and speech - Vision, optic fundi, hearing, speech, thyroid etc.	☐	☐	
33. The abdomen - Abnormality of any viscus, genitalia or evidence of hernia or operation.	☐	☐	
34. The skin, lymph nodes, breasts, muscles, bones, joints or spine.	☐	☐	
35. The nervous system - Tendon and Pupillary reflexes, Rombergism, weakness or tremors.	☐	☐	
36. Urinalysis - Microurinalysis to be completed if there is history of kidney disease or presence of albumin or sugar or blood. a. Is sugar present? b. Is albumin present? c. Any other abnormality?	☐ ☐ ☐	☐ ☐ ☐	
37. Are you the attending doctor of this client? If yes, please include summary of information contained in your file and a statement of your additional fee.	☐	☐	
38. Is there any other laborotary test (eg, ECG, CXR, blood drawn etc.) which you have performed with this examination?	☐	☐	

Heart Chart

Murmur
(if more than one, describe below)

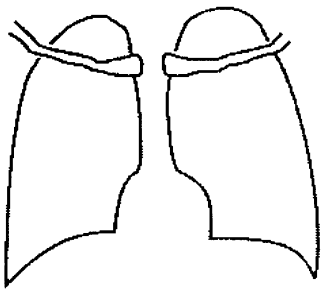
None ☐ Systolic ☐ Diastolic ☐

Grade I II III IV V VI

Loud ☐ Harsh ☐ Rough ☐ Soft ☐ Blowing ☐

Is it heard:	Yes	No
At rest	☐	☐
After exercise	☐	☐
On full inspiration	☐	☐
On full expiration	☐	☐
Erect	☐	☐
Lying down	☐	☐
Left lateral	☐	☐

Location



Indicate

Area of Murmur by - XXXX
Murmur loudest by - O
Transmission by

Thrill
None ☐ Systolic ☐ Diastolic ☐
Where?

Hypertrophy
None ☐ Slight ☐ Marked ☐

Signs of failure	Yes	No
Shorthness of Breath	☐	☐
Cyanosis	☐	☐
Engorgament of neck veins	☐	☐
Swelling of ankle	☐	☐
Moisture at lung bases	☐	☐

Remarks and clinical impression