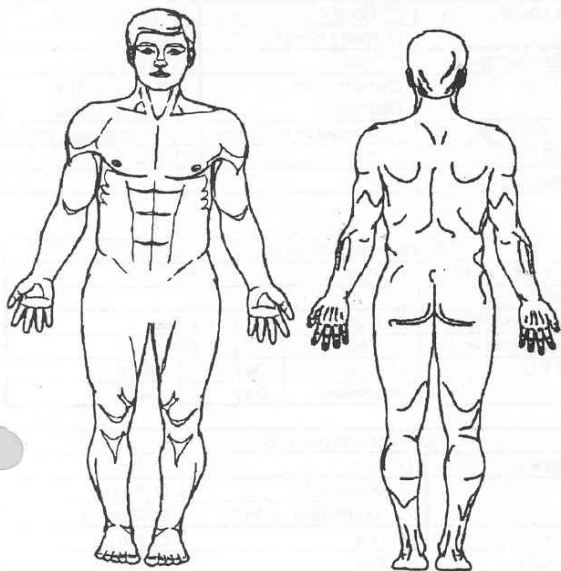


## Medical Examination Results

**These body diagrams may be used for illustration if required.**

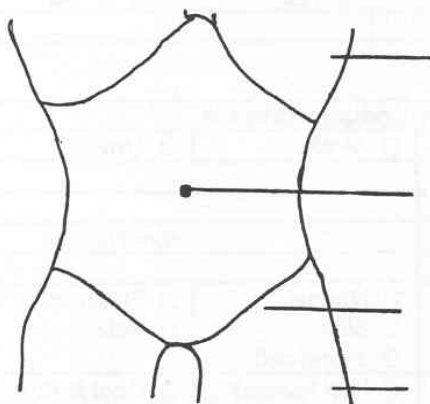


| Abdomen (abdo)   |   |  |   |
|--|---|--|---|
| Abdo Size  | <input type="checkbox"/> Normal               |  | <input type="checkbox"/> Distended      |
| Abdo pain on coughing  | <input type="checkbox"/> No                   |  | <input type="checkbox"/> Yes            |
| Abdo pain on moving  | <input type="checkbox"/> Yes                  |  | <input type="checkbox"/> No             |
| Abdo pain on puffing out or sucking in tummy wall                    | <input type="checkbox"/> Yes                  |  | <input type="checkbox"/> No             |
| Areas of tenderness found  | <input type="checkbox"/> Yes                  |  | <input type="checkbox"/> No             |
| Any lumps or swelling found  | <input type="checkbox"/> Yes                  |  | <input type="checkbox"/> No             |
| Bowel sounds :<br>Use the stethoscope and place it on the tummy wall | <input type="checkbox"/> Gurgling sound heard |  | <input type="checkbox"/> No sound heard |

| General Examination   |  |                                   |                                |
|-----------------------|--|-----------------------------------|--------------------------------|
| Gland found           |  |                                   |                                |
| - Neck                | <input type="checkbox"/> Yes / No  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
| - Armpit              | <input type="checkbox"/> Yes / No  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
| - groin               | <input type="checkbox"/> Yes / No  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
| Ears, discharge ?     | <input type="checkbox"/> Yes / No  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
| Colour of discharge   | <input type="checkbox"/> Clear   | <input type="checkbox"/> Pus      | <input type="checkbox"/> Blood |
| Appearance of eardrum | <input type="checkbox"/> Normal  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
|                       | <input type="checkbox"/> Not seen/wax  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
|                       | <input type="checkbox"/> Red   | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
|                       | <input type="checkbox"/> Perforated  | <input type="checkbox"/> R        | <input type="checkbox"/> L     |
| Throat Colour         | <input type="checkbox"/> Normal  | <input type="checkbox"/> Red      |                                |
| Tonsil Size           | <input type="checkbox"/> Normal  | <input type="checkbox"/> Enlarged |                                |
| Skin rash found       | <input type="checkbox"/> Yes<br>Size (in cm)<br><br>Colour<br><br>Surface (to touch) |                                   | <input type="checkbox"/> No    |

| Chest  |  |  |
|--|--|--|
| (bare all chest, front and back)                               |  |  |
| Sign of injury to chest ?                                      | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No              |
| Tender chest wall ?  | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No              |
| Position of windpipe in neck ?                                 | <input type="checkbox"/> Central             | <input type="checkbox"/> To right        |
|  |  | <input type="checkbox"/> To left         |
| Chest Movement on breathing                                    | <input type="checkbox"/> Relaxed             | <input type="checkbox"/> Heaving         |
|  | <input type="checkbox"/> Painful             | <input type="checkbox"/> Unequal         |
| With your ear to the patient's mouth, their breathing sounds ? | <input type="checkbox"/> Normal              | <input type="checkbox"/> Wheezy in       |
|  |  | <input type="checkbox"/> Wheezy out      |
| Using the stethoscope, air can be heard entering               | <input type="checkbox"/> Both sides of chest | <input type="checkbox"/> Right side only |
|  |  | <input type="checkbox"/> Left Side Only  |

## ABDOMEN



| Investigation of use at this time |   |   |
|-----------------------------------|---|---|
| Peak expiratory flow rate         | Litres / Minutes  |   |
| Urine testing (multisticks)       | <input type="checkbox"/> Normal<br><input type="checkbox"/> Glucose<br><input type="checkbox"/> p.H | <input type="checkbox"/> Protein<br><input type="checkbox"/> S.G.<br><input type="checkbox"/> Other |
| Any other comments of findings    |   | <input type="checkbox"/> No   |

| Investigations of use at this time |   |   |
|------------------------------------|---|---|
| Peak expiratory flow rate          | Litres / minutes  |   |
| Urine testing (multisticks)        | <input type="checkbox"/> Blood<br><input type="checkbox"/> Glucose<br><input type="checkbox"/> p.H. | <input type="checkbox"/> Protein<br><input type="checkbox"/> S.G.<br><input type="checkbox"/> Other |
| Any other comments of findings ?   |   | <input type="checkbox"/> No   |

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| <b>In my opinion a possible diagnosis is :</b> |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
|  |                                      |                                 |
| Name   |                                      |                                 |
| Signature                                      |                                      |                                 |
| Post / designation or training grade           | <input type="checkbox"/> First Aider | <input type="checkbox"/> Nurse  |
|  | <input type="checkbox"/> Paramedic   | <input type="checkbox"/> Doctor |
|  | <input type="checkbox"/>             | <input type="checkbox"/>        |

[illegible]