Figure 2: Physical Exam Form

Family Planning	Physical Exam	LIGHTHOUSE

ADD PATIENT EDS BAR CODE
LABEL HERE

Form Filling date	dd/mm/yy
Time Filled:	24 hrs clock hh: mm
Filled by(use staff code whenever possible)	

PHYSICAL EXAM: TO BE COMPLETED BY CLINICIAN /NURSE

BLOOD PRESSURE: _____/_____ (systolic/diastolic)		
Temperature _____° Celsius		
EYES/SKIN		
Jaundice or Icterus	NO	YES
ABDOMEN		
Abdominal tenderness	NO	YES
Abdominal masses	NO	YES
Hepatosplenomegaly	NO	YES
VULVA		
Ulcers	NO	YES
Growths or Lesions	NO	YES
Irritation or redness	NO	YES
Swelling	NO	YES
Condyloma/Warts	NO	YES
VAGINA		
Ulcers	NO	YES
Lesions or Masses	NO	YES
Mucopurulent discharge	NO	YES
Irritation or redness	NO	YES
Condyloma/Warts	NO	YES
CERVIX		
Cervical motions tenderness	NO	YES
Erythema or petachia	NO	YES
Lesions or Masses	NO	YES
Mucopurulent discharge	NO	YES
Bleeding easily	NO	YES
10. UTERUS		
SIZE	____cm	
POSITION:	ANTEVERTED MIDPOSITION RETROVERTED	
Fibroids	NO	YES
Uterine Tenderness	NO	YES

ADNEXA		
Adnexal Masses	No	Yes
Adnexal Tenderness	No	Yes
GROIN		
>1 cm Enlarged/Tender lymph nodes	No	Yes

NOTES