***Insert the wording below at Part C (7) of Form AH. Do not use as a form on its own*.**

**During the Covid-19 pandemic, complete this section as an alternative to the recording of physical examination.**

**Video Consultation**

|  |  |  |  |
| --- | --- | --- | --- |
| Measurements by report (in light clothes)  | Height  |  | cm |
|  | Weight |  | kg |
| Body Mass Index |  |
| If BMI > 30, take waist and hip measurement | Waist circumference  |  | cm |
|  | Hip circumference |  | cm |
| Please arrange urine sample (essential) | Albumin | Sugar | Blood |

Provide details of any relevant clinical findings (if none, please write NONE)

|  |  |
| --- | --- |
| Blood and haematopoietic systemAny lumps in neck, axillae or groins? |  |
| Cardiovascular reviewPalpitations?Exertional chest pain/tightness?Dyspnoea (inc Paroxysmal Nocturnal)?Orthopnoea?Oedema?BP (recent recording or arrange) |  |
| Respiratory reviewCough?Sputum?Wheeze?Haemoptysis?MRC Dyspnoea Score?Hoarseness? |  |
| Digestive system Mouth problems?Abdomen pain/dyspepsia?Change in bowel habit?Change in appetite?Unexpected weight loss?Abdominal/groin lumps?  |  |
| Nervous systemHeadache?Diplopia?Muscle weakness?Clumsiness?Falls?Tremor?Numbness or altered sensation? |  |
| Special sensesVision problemsHearing problemsTaste or smell disturbance |  |
| Urogenital system(if applicable) |  |
| **Breasts** Lumps or other signs? |  |
| Musculo-skeletal systemSpineLimbsJoints |  |
| Skin |  |