***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 system  Any lumps in neck, axillae or groins? |  |
| Cardiovascular review  Palpitations?  Exertional chest pain/tightness?  Dyspnoea (inc Paroxysmal Nocturnal)?  Orthopnoea?  Oedema?  BP (recent recording or arrange) |  |
| Respiratory review  Cough?  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 system  Headache?  Diplopia?  Muscle weakness?  Clumsiness?  Falls?  Tremor?  Numbness or altered sensation? |  |
| Special senses  Vision problems  Hearing problems  Taste or smell disturbance |  |
| Urogenital system  (if applicable) |  |
| **Breasts**  Lumps or other signs? |  |
| Musculo-skeletal system  Spine  Limbs  Joints |  |
| Skin |  |