

**Digestive Conditions, Miscellaneous Examination (Tuberculous peritonitis, Inguinal hernia, Ventral hernia, Femoral hernia, Visceroptosis, and Benign and Malignant new growths)**  
*Comprehensive Worksheet*

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

**A. Review of Medical Records:**

**B. Medical History (Subjective Complaints):**

1. State date of onset, and describe circumstances and initial manifestations.
2. Course of condition since onset.
3. Current treatment, response to treatment, and any side effects of treatment.
4. History of related hospitalizations or surgery, dates and location, if known, reason or type of surgery.
5. If there was hernia surgery, report side, type of hernia, type of repair, and results, including current symptoms.
6. If there was injury or wound related to hernia, state date and type of injury or wound and relationship to hernia.
7. History of neoplasm:
  - a. Date of diagnosis, exact diagnosis, location.
  - b. Benign or malignant.
  - c. Types of treatment and dates.
  - d. Last date of treatment.
  - e. State whether treatment has been completed.
8. For tuberculosis of the peritoneum, state date of diagnosis, type(s) and dates of treatment, date on which inactivity was established, and current symptoms.

**C. Physical Examination (Objective Findings):**

Address each of the following and fully describe current findings:

1. For hernia, state:
  - a. type and location (including side)
  - b. diameter in cm.
  - c. whether remediable or operable
  - d. whether a truss or belt is indicated, and whether it is well-supported by truss or belt
  - e. whether it is readily reducible
  - f. whether it has been previously repaired, and if so, whether it is well-healed and whether it is recurrent
  - g. for inguinal and femoral hernias, also state (1) whether there is a true hernial protrusion and (2) whether the hernia is readily reducible
  - h. for ventral hernia, also state (1) severity and extent of weakening of muscular and fascial support of abdominal wall, (2) extent of diastasis of recti muscles, and (3) whether diastasis is persistent.
2. For neoplasm, describe residuals of neoplasm and its treatment.
3. For tuberculous peritonitis, describe any abnormal physical findings.

**D. Diagnostic and Clinical Tests:**

Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis**

For each diagnosis, state effects of the condition on occupational functioning and daily activities.

Signature:

Date: