

Patient Name: _____

Patient Age: |__| |__| . |__|

Years

Months

Patient Sex: Male Female

FORM HIFR1 - CHEST X-RAY RESULTS

Date of Test: |__||__| / |__||__| / |__||__||__||__| or Not Done |__| |__| |__|
Day Month Year

Please comment on the size and infiltration of the lungs.

Thoracic Organ (check all that apply)		
a) Lungs	i. Right lung:	ii. Left lung:
	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1
	Infiltrated <input type="checkbox"/> 2	Infiltrated <input type="checkbox"/> 2
	Fluid present <input type="checkbox"/> 3	Fluid present <input type="checkbox"/> 3
Comments:		
b) Pericardial Sac	Normal <input type="checkbox"/> 1	
	Infiltrated <input type="checkbox"/> 2	
	Fluid present <input type="checkbox"/> 3	
Comments:		
c) Mediastinal Space	Normal <input type="checkbox"/> 1	
	Infiltrated <input type="checkbox"/> 2	
	Fluid present <input type="checkbox"/> 3	
Comments:		

Hospital ID
(stick label here)

Initials/Date

Transcribed by: _____
Checked by: _____

Subject ID
(stick label here)