

Vasculitis

5. Complete the following table indicating all body systems involved with the vasculitis episode(s).

	Body System	Symptoms list all or enter <u>none</u>	Evaluation Method (list) Results (attach report)	Intermittent or Chronic (check one)	Severity	Comments
A.	Skin check all areas involved <input type="checkbox"/> Lower limb <input type="checkbox"/> Upper Limb <input type="checkbox"/> Face <input type="checkbox"/> Trunk		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
B.	Renal		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
C.	GI Tract		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
D.	Musculo-skeletal		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
E.	Cardiac		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
F.	Pulmonary		Method (list) Results (attach report)	<input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	