

The original documents are located in Box 37, folder “Ford, Gerald - Interval Six - Month Physical - January 25, 1975” of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

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THE WHITE HOUSE

WASHINGTON

January 23, 1975

Instructions: No breakfast on Saturday

~~CONFIDENTIAL~~

ANNUAL PHYSICAL EXAMINATION

President Gerald R. Ford
Saturday, January 25, 1975
National Naval Medical Center

Depart Residence	7:30 am
Arrive Bethesda and Proceed to Presidential Suite	8:00 am
Laboratory Tests - Urinalysis-Electrocardiogram	8:00 am
Breakfast	8:30 am
X-ray Department (<i>dist, KUB, Hgase, Serum</i>)	8:45 am
History, physical examination and sigmoidoscopy - Dr. Lukash	9:00 am
Orthopedic Consultation	9:45 am
Eye Clinic	10:00 am
ENT Clinic	10:45 am
Depart Bethesda	11:00 am
Arrive Residence	11:30 am

W.M. Lukash

William M. Lukash, M.D.
Rear Admiral, MC, USN
Physician to the President

DECLASSIFIED
E.O. 13526 (as amended) 8EC 3.3
NSC 6800, 3/30/06, State Dept. Guidelines
By *MJD* NARA, Date 2/24/2016



~~CONFIDENTIAL~~

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

Annual Physical Examination - President Gerald R. Ford - 25 January 1975

Age: 61 Birth Date - July 14, 1913

The President had his first annual physical examination since becoming President at the National Naval Medical Center, Bethesda, Maryland. Since his last interval examination on August 22, the patient has had no serious complaints.

Problem #1 - Post-Surgical Knees - The President followed an active quadriceps strengthening program prior to going skiing in Vail and he felt that his knees were much stronger than they had been in the last several years. He did experience some mild swelling and discomfort in the right knee the last day of skiing. Since returning from his skiing trip, he lessened his exercise program and as a result, has noted some vague discomfort with slight weakness in his right knee when going downstairs.

Problem #2 - Post-Nasal Drip and Nasal Congestion - The President continues to have an occasional post-nasal drip which can cause congestion and episodes of sneezing. He has had no significant difficulty within the last year mainly because he has suffered no colds which in the past have aggravated a flair up of sinusitis. The President continues to take Drixoral, one tablet every night before going to sleep to prevent congestion.

Problem #3 - Weight Control - The President, after following an 1800 calorie diet, has lost significant weight, dropping from 210 pounds to 195 pounds without any difficulty.

Problem #4 - Contact Lenses - The President had requested a pair of contact lenses so that he could use a teleprompter and avoid the use of his glasses while speaking and for distant vision.

Present Health

The President has continued to maintain his tremendous physical capacity for hard work without any difficulty. He has no symptoms associated with his

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108



CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)

cardiovascular system and demonstrates an excellent exercise tolerance clearly evident while skiing this year. There have been no respiratory complaints and he has had no dyspnea or cough. His appetite has been good and bowel movements normal without evidence of rectal bleeding. In general, the President has continued to work long hours but awakens completely refreshed after a night's sleep. His exercise program, along with an occasional round of golf or tennis, has been very effective in maintaining his physical fitness. He also would enjoy having the availability of a swimming pool so that he could return to his program of a morning and an evening swim.

Past Medical History - The President suffered from a rupture of the conjunctival capillary in the left eye while on a trampoline last fall. This healed spontaneously without any sequela. The rest of his interval medical history has been normal. He had his annual flu shot and requires no other medications other than Drixoral, which he takes in the evening for nasal congestion and on occasion, a sleeping tablet, only while travelling. He smokes 6-7 pipe loads of tobacco daily and his drinking consists of no more than four ounces of alcohol in the evening.

Review of Systems:

Eyes - The President requires glasses for far vision and has had no change in near vision and is able to read without glasses.

Ear, Nose and Throat - Occasional nasal congestion and tendency to sneeze.

Pulmonary - No dyspnea or cough.

Cardiovascular - No chest pain, palpitation or edema.

Gastrointestinal - No indigestion, abdominal pain or unusual bowel movements.

Genitourinary - Nocturia one time per night with no urgency and no stress.
Urine color is normal.

(Use additional sheets of this form (Standard Form 502) if more space is required)

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FORD, President Gerald R.
372-28-6532



NARRATIVE SUMMARY
Standard Form 502
502-106

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)

Neuromuscular - No further discomfort of the neck or shoulder with a tendency to favor his right knee after prolonged activity.

Neurological - No headaches or tendency towards depression or anxiety.

Skin - No skin lesions.

Physical Examination: Patient appears to be in excellent health and much leaner than he did last year. Height: 72 inches; weight, 197 pounds; blood pressure, 134/78; pulse, 67; temperature, 97.8.

Eyes - Pupils are round, regular and react to light and accommodation. Extraocular movements normal. Ocular fundi normal.

Ears - Normal external ear canals. Ear drums are normal, eare normal.

Nose - Slight deviation of the nasal septum. The mucosa appears normal.

Mouth - Teeth are in good repair although there is dark tobacco staining. There is no mucosal abnormality involving his palate.

Neck - Neck is supple with good range of motion. Thyroid not enlarged. No lymph nodes. Carotid artery pulsations equal without bruit.

Breasts - Negative.

Lungs - Clear and resonant to percussion and auscultation.

Heart - No abnormal heart sounds. No murmurs or gallop sounds were heard. A2 normally split.

Abdomen - Soft and non-tender. No masses. Liver and spleen are not enlarged. Liver was 12 cm in the mid-clavicular line. Right appendix scar was intact. Inguinal rings were normal.

(Use additional sheets of this form (Standard Form 502) if more space is required)

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FORD, President Gerald R.
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NARRATIVE SUMMARY
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Rectal - Very small hemorrhoidal tags. Sphincter tone good. Prostate normal size, smooth, and non-tender. Feces were brown and formed. The hematest was negative. Proctoscopy normal to 20 centimeters.

External Genitalia - Normal male with normal sized testicles.

Neuromuscular Examination - Shoulder joints retain good mobility with no pain. Left knee is stable. The right knee was swollen with minimal effusion and also slightly tender around the medial aspect of the knee. Knee mobility was not restricted but there was some grating sensation on flexion. The remainder of the muscle joint examination was normal.

Neurological - All deep tendon reflexes are active and equal. Muscle and sensory function were intact and there were no pathologic reflexes.

Laboratory Tests - All the laboratory tests were normal. The Hgb was 15.4 grams and the Hct was 44 percent. The WBC was 5,700 with a normal differential count. Values of SMA-12 and SMA-6 were normal. Uric acid is now 7.1 and his cholesterol is 278 mm%. Urinalysis was completely normal.

X-Rays - The chest X-ray was normal. Sinus series revealed polypoid changes in the left maxillary sinus but all other sinuses were clear. X-ray standing and AP of the knee described decreased joint spaces in both knees with some degeneration apparent within the right knee.

EKG - EKG was normal with no changes since the tracing of last year.

Orthopedic consultation - It was recommended that the President continue his quadriceps strengthening exercises and that he use a program of increasing the number of times he lifts weights along with a gradual progression of the amount of weight used beginning with 20 pounds lifted 10-20 times every day with each leg. In addition, two aspirin four times a day was

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372-28-6532

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prescribed.

ENT consultation - Found no unusual findings in reference to his sinus and post-nasal drip and there is no evidence of any mucosal membrane abnormality related to his smoking. It was recommended that the President use Chlortrimeton rather than Drixoral at night.

Optometry consultation - The President was fitted for contact lenses and adjusted reasonably well. A pair of glasses for near vision was prescribed when wearing his contact lens. A program of wearing his contact lenses for two hours and then taking them out an hour was prescribed, twice a day for the first week. The optometrist, Dr. Mastervich, will be available to assist with the contact lenses in addition to help from his daughter, Susan.

In conclusion, the President has remained in excellent health. He will continue with his established diet and exercise program. It is anticipated that the President will continue to have good health and he will be followed at intervals to insure that his knees remain stable and that his weight has not changed appreciably. In addition, he will be encouraged to play golf or tennis for short periods of time and also swim whenever the occasion allows.

Final Diagnosis:

1. Post-surgical degenerative arthritis in both knees, but aggravated in his right knee when not properly exercised.
2. Left polypoid maxillary sinusitis and post-nasal drip - inactive.

William M. Lukash

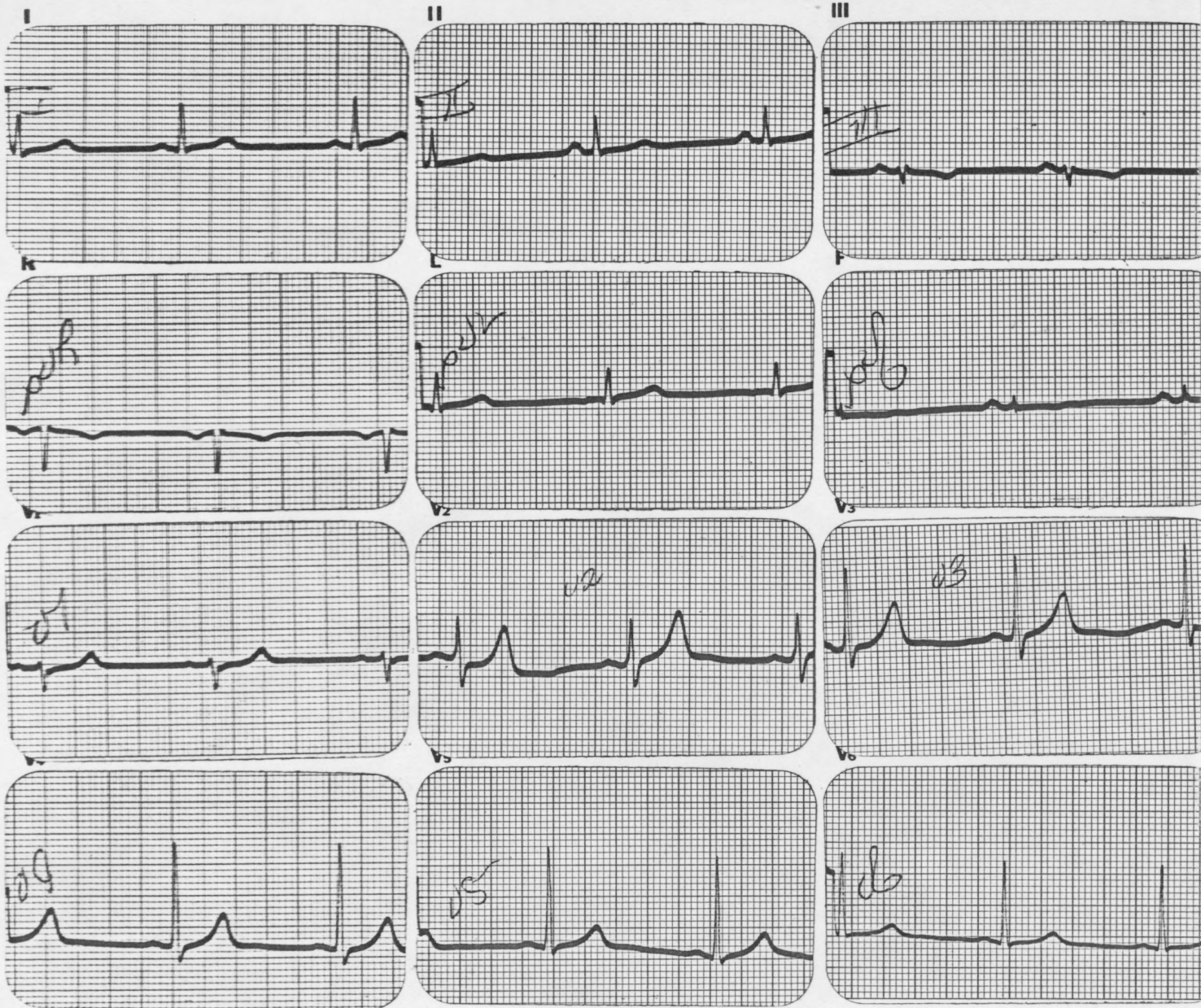
William M. Lukash, M.D.
Rear Admiral, MC, USN
Physician to the President

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FORD, President Gerald R.
372-28-6532

NARRATIVE SUMMARY
Standard Form 502
502-108



CLIN. DIAG.:

DIG. () QUIN. () AGE SEX B.P.

DATE: 25 Jan 75
ECG DESCRIPTION:

ECG REQUEST BY: *Adm. Lukash*
ATR. RATE _____ VENTR. RATE _____
INTERVALS: P-R _____ QRS _____ QTc _____
AXIS:
RHYTHM:

INTERPRETATION:

1. Normal EKG.
2. No change from a tracing dated 7-11-72

PATIENT:

PRESIDENT GERALD R. FORD
THE WHITE HOUSE

00-372-28-6532 25 JAN 75



INTERPRETED BY: *William P. Baker*

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

President Gerald R. Ford
The White House
372-28-6532

AGE	SEX	(Check one)
61	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

Chest X-ray, sinus series
both knees-AP-standing views

Abd AP

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST 25Jan75

REQUESTED BY RAdm W.M. Lukash, M.D.

RADIOGRAPHIC REPORT

CHEST: 1/25/75: PA and lateral projections of the chest demonstrate the lungs to be clear and fully expanded. Heart, mediastinum and visible bony thorax are normal.

IMP: Normal chest.

ABDOMEN: Supine projection of the abdomen demonstrates no abnormal calcifications. Renal and psoas muscle outlines are normal. The bowel gas pattern is unremarkable. Mild osteoarthritic change is present about the L4-5 interspace.

PARANASAL SINUSES: Caldwell and Water's projections of the paranasal sinuses demonstrate moderate polypoid mucosal change in the left maxillary sinus. This is related to chronic sinusitis. There is no evidence of fluid. The remaining sinuses are clear and normal in appearance.

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

continued

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

President Gerald R. Ford
The White House
372-28-6532

AGE	SEX	(Check one)
61	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

Chest X-ray, sinus series
Both knees - AP- standing views
Abdomen

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Continued - Page 2

FILM NO.

DATE OF REQUEST

25 Jan 75

REQUESTED BY

RADM W. M. Lukash, M.D.

RADIOGRAPHIC REPORT

STANDING AP OF BOTH KNEES: There is prominent hypertrophic degenerative osseous change about the tibial plateau and femoral condyles of the right knee. The degenerative change is less marked in the left knee. The articular surfaces are smooth, and the joint spaces are well maintained in height. There is no evidence of bone disease.

C. W. OCHS
CAPT MC USN

SZ

DATE OF REPORT

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-207

PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532 WH

1/25/75

DATE 1/25

TEST NORMALS UNITS

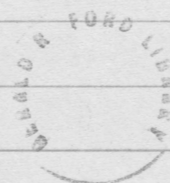
SMA-12	BLOOD		(0743)
TOT PROT	6.0	8.0	GM% 5.9 *
ALBUMIN	3.5	5.0	GM% 3.6
CALCIUM	8.5	10.5	MG% 8.9
PHOS	2.5	4.5	MG% 3.5
CHOLEST	150.0	300.0	MG% 278.
BUN	10.0	20.0	MG% 14.
URIC AC	2.5	8.0	MG% 7.1
CREATININ	.6	1.4	MG% 1.4 *
TOT BILI	.2	1.0	MG% .7
ALK PHOS	30.0	85.0	MU/ML 51.
LDH	100.0	225.0	MU/ML 154.
SGOT	7.0	40.0	MU/ML 21.

STAT CHEM	BLOOD		(0743)
GLUCOSE	80.0	120.0	MG% 118.
BUN	10.0	22.0	MG% 13.4
NA+	135.0	145.0	MEQ/L 143.
K+	3.5	5.0	MEQ/L 4.5
CL	95.0	108.0	MEQ/L 105.
CO2	21.0	27.0	MEQ/L 26.

STAT UA	URINE		(0743)
COLOR			STRAW
APPEARNC			HAZY
SPC GRAV			1.020
BLOOD			NEG
KETONES			NEG
GLUCOSE			NEG
PROTEIN			NEG
PH			5.5
RBC'S	/HPF		NONE
WBC'S	/HPF		3-5
EPI'S	/HPF		OCC
BACTERIA			FEW

ESR STAT	BLOOD		(0743)
RESULT	10.0	15.0 MM/HR	2.

CBC STAT	BLOOD		(0743)
WBC	5.0	10.0 K/CMM	5.7
RBC	4.7	6.1 M/CMM	4.74
HGB	14.0	18.0 GM%	15.4
HCT	42.0	52.0 VOL%	44.3
MCV	80.0	94.0 CMI	93.
MCH	27.0	31.0 MMG	32.5 *
MCHC	32.0	36.0 %	34.6



111111 FORD, GERALD R.

00 372 28 6532 WH

1/25/75

PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532 WH

1/25/75

DATE 1/25

TEST NORMALS UNITS

DIFFERENTIAL BLOOD (0832)

STAB	0	0	%	0	
SEG	51	67	%	63	
LYMPH	21	35	%	35	
MONO	4	8	%	0	*
BASO	0	2	%	1	
EOSIN	2	4	%	1	*

PLATELTS ADEQ

ATYP LYM FEW

***** PERMANENT REPORT - RETAIN ON CHART *****



111111 FORD, GERALD R.

00 372 28 6532 WH

1/25/75

PATIENT CUMULATIVE REPORT

111111 FORD, GERALD R.

00 372 28 6532

W H

2/28/75

DATE 1/25 1/27

TEST NORMALS UNITS

LIPOPROTEIN	BLOOD	1/25	1
APPEARNC		CLEAR	
CHOLESTL	MG%	290.0	
TRIGLYC	MG%	145.0	
PHENOTYP		SEE COM.	

T4	BLOOD	1/25
T4	5.1- 11.1MCG%	6.9

T3 (RIA)	BLOOD	1/25
RESULT	80.0-180.0UGM/DL	95.00

COMMENTS

1 LIPOPROT 1/25 825 NORMAL LIPID STUDY

***** TEMPORARY REPORT - DISCARD WHEN NEXT REPORT IS RECEIVED *****



111111 FORD, GERALD R.

00 372 28 6532

2/28/75

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

FROM: (Requesting ward, unit, or activity)

DATE OF REQUEST

Orthopaedics-Capt. Wilson

White House

25 Jan 75

REASON FOR REQUEST (Complaints and findings)

History of left knee surgery in 1929 and right knee surgery in 1972. Extensive program of quadriceps strengthening exercises has been very successful and the President has had no complaints referable to both knees. Occasional discomfort in cervical and left shoulder have not recurred in the last six months. General condition has been stable. Please re-evaluate.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

RAdm W.M. Lukash

☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

ORTHOPAEDIC HISTORY: Briefly, President Ford had excision of the left medial meniscus in 1929 following a football injury and has had no significant difficulty with that knee in the interim. The right knee, however, became symptomatic with chronic effusion and pain over an extended period of time from 1970 to 1972, which resulted in arthrotomy of the right knee at this hospital by Dr. Lovejoy and myself in July 1972. At that time, a badly degenerated medial meniscus was excised and debridement of the medial compartment of the joint was accomplished. After an extended period of rehabilitation, he gradually improved with respect to the right knee, and he states he has been carrying on essentially normal activity in the interval. He does notice, however, some discomfort in the knee and occasional swelling when he over-stresses it, but denies any locking or giving way. His recent skiing trip to Vail, Colorado, he had no real difficulty with the knee, however, despite his rehabilitative program which he has continued, the knee has been somewhat more symptomatic since his skiing trip. The symptoms are of a vague nature consisting of discomfort, particularly going downstairs, and an occasional feeling of weakness in the knee.

EXAMINATION: Restricted to both knees reveals moderate effusion of the right knee with 10° limitation of extension compared to the left, which is also slightly limited in extension. There is 10° of varus bilaterally, possibly a little more marked on the right, but this is difficult to really evaluate since the knee does not extend completely. He also lacks 20° flexion of the right knee. This has remained essentially unchanged since his rehabilitation from his surgery in 1972. There is visible atrophy of

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

President Gerald R. Ford
SSN# 372-28-6532

CONSULTATION SHEET
Standard Form 513
513-104-02

the quadriceps on the right, particularly of the vastus medialis. There appears to be no gross instability in the right knee, although there is slight rotatory instability with the knee in flexion and external rotation. There is no synovial tenderness or pain on stressing the knee. There is moderate patellofemoral crepitus on flexion and extension actively and passively.

X-RAYS: X-rays of both knees in the standing A-P projection reveal significant degenerative joint changes bilaterally, more marked on the right manifested by narrowing of the cartilage space, particularly in the medial compartment with osteophytic reaction at the margins of the medial femoral condyle and tibial plateau, particularly, and sharpening and increased height in the tibial spines, particularly on the right side. There are similar less marked changes in the lateral compartment on the right.

IMPRESSION: There is moderate degenerative joint disease involving the right knee. The left knee is radiographically less severely involved and also clinically, is of no significant problem. The right knee is primarily involved in the medial compartment and possibly in the patellofemoral articulation.

RECOMMENDATION: In view of the fact that the right knee is exhibiting reactive changes in the sense that there is synovial thickening and chronic effusion, it seems imperative that an effort be made to stabilize the joint physiology by the use of aspirin 600mg q.i.d. with a limitation of impact loading in the form of excessive walking, stairclimbing, and other vigorous acceleration-deceleration activities, while at the same time attempting to restore the integrity of the quadriceps musculature by a graded active resistive exercise regimen. If this does not control the symptomatology and the findings in reference to the joint, one may have to use more potent agents in the form of Indocin or Butazolidin and possibly even an occasional injection of cortico-steroid in order to control the reactivity of the synovial lining tissues so that enzymatic degradation of remaining cartilagenous surfaces does not become a persistently chronic situation. In the distant future, if the degenerative process continues unremittingly, it may be necessary to contemplate corrective surgery in the form of a proximal tibial valgus osteotomy after the method of Coventry at the Mayo Clinic. But I feel that we should be able to control the situation, at least in the short term by the above described treatment.



David O. Wilson, CAPT MC USN
Chairman, Department of Orthopaedics
National Naval Medical Center
Bethesda, Maryland 20014

DQW:cb

CLINICAL RECORD

CONSULTATION SHEET

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: ENT- CAPT. DEFRIES
FROM: (Requesting ward, unit, or activity) WHITE HOUSE
DATE OF REQUEST 25 JAN 75

REASON FOR REQUEST (Complaints and findings)

No difficulty hearing but has occasional nasal congestion with post-nasal drip which requires clearing of the throat and a cough. He has a slight deviation of the nasal septum to the right. He takes Drixoral, one tablet every night, and this has resolved any symptoms. Also, evaluate soft palate for mucosal changes with history of pipe smoking. History of left maxillary sinusitis.

QUESTIONS: 1. Development of post-nasal drip?

PROVISIONAL DIAGNOSIS

ENT- CAPT. DEFRIES

DOCTOR'S SIGNATURE RADM. W. M. LUKASH
APPROVED
PLACE OF CONSULTATION
☐ BEDSIDE ☐ ON CALL
☐ EMERGENCY
☐ ROUTINE

CONSULTATION REPORT

EXAMINATION

NOSE:

There is moderate nasal congestion and hyperemia. The mucosa is slightly thickened. The airway is adequate and the middle meati are patent. There are no abnormal secretions or polyps.

EARS:

The tympanic membranes are intact and the middle ears are well aerated. Bilateral exostoses of the external auditory canals are seen which do not encroach on the malleus or tympanic membrane.

MOUTH, PHARYNX, LARYNX - Normal

NECK:

The parotid and submaxillary glands are normal to palpation. The thyroid is not palpable. No masses are felt.

AUDIOGRAM:

A mild high frequency hearing loss is present in the left ear. Auditory discrimination is normal.

SINUS X-RAY:

A single, discrete, rounded density is present arising from the postero-

(Continued on reverse side)

(over)

SIGNATURE AND TITLE OF REQUESTOR
DATE
IDENTIFICATION NO.
ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
REGISTER NO.
WARD NO.

President Gerald R. Ford
372-28-6532

CONSULTATION SHEET
Standard Form 513
513-104-02

lateral wall of the left maxillary sinus. Such densities are common and may represent thickened mucosa or a mucous retention cyst. A change of this type may be transient following an acute upper respiratory infection, or may represent a chronic change.

IMPRESSION:

Mild environmental rhinitis.

Radiographic changes in left maxillary sinus suggestive of mucous retention cyst.

RECOMMENDATION:

Discontinue Drixoral.

Constant use of a drug containing a vasopressor may be aggravating to any existing cardiovascular disease. Constant use of an anti-histamine may have an undesirable drying effect on the nose and promote infection.

SUGGESTED MEDICATION:

Instillation of Dexamethazone ophthalmic drops (Decadron) in the nose (5 drops each side) four-times daily for two weeks. Repeat as needed but avoid constant use.

OTHER MEASURES:

Control of environmental heat and humidity.

Adequate exercise.

Avoidance of chlorinated swimming pool water in the nose (use of nose clip).

Hugh O. deFries
Hugh O. deFries

Captain, Medical Corps, USN

Chairman, Department of Otorhinolaryngology

crusts with history of life smoking. History of left maxillary sinusitis and this has resolved and symptoms. Also, symptoms of left maxillary sinusitis of the nasal cavity to the left. No other Drixoral, one further check after reduction clearing of the sinus and a cold. He has a slight sensation of difficulty breathing but has occasional nasal congestion with post-nasal drip.

ENT- CIVIL- DENTIST

WHITE HOUSE

52-1114-12

CLINICAL RECORD

CONSTITUTION SHEET

241 0101 301-0003
CIVILIAN - 45
BIRTH OF THE UNITED
1904 APRIL 1904
BIRTHDAY 213

AUDIOMETRIC EVALUATION RECORD

AUDIOLOGY DIVISION
DEPARTMENT OF E. N. T.
N. N. M. C. BETH MD.

TEST #1	TESTER	DATE	TIME	AUDIOMETER	ROOM #
	E. BROWN	25 Jan 75	11:15	MA 24	12

RIGHT EAR										LEFT EAR										
ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C	5	10	10	10	10	15	20	15	20	(7)	10	5	5	1	10	20	30	25	40	(7)
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

STENGER TEST

WEBER TEST

TYPE OF MASKING
(for pure tones)

DOERFLER-STEWART TEST

TYPE:	TYPE:	HZ	HZ
R	R	R	R
L	L	M	M
+	+	L	L

NG(SPL)

(+) (-)

SPEECH AUDIOMETRY

(Rm #129)

RECOMMENDATIONS & REMARKS

Live Voice:	PB-SRT	EAR	SRT (dB)	PB#	PB LEVEL	PB% SCORE
Phono:		R	5	1AB	45	100%
Tape:		L	5	1AA	45	100%
Mask Level:		BIN PH				
Mask Type:		SF				
RE:		MASKED				
<input type="checkbox"/> Sound Pressure Level						
<input type="checkbox"/> Hearing Threshold						

DX: Hearing for Speech-Is within Normal Limits Bilaterally with Excellent Discrimination High Frequency Sensorineural Involvement at 4KHz + 8KHz Left Ear.

TEST #2	TESTER	DATE	TIME	AUDIOMETER	ROOM #

RIGHT EAR										LEFT EAR										
ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C																				
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

STENGER TEST

WEBER TEST

TYPE OF MASKING
(for pure tones)

DOERFLER-STEWART TEST

TYPE:	TYPE:	HZ	HZ
R	R	R	R
L	L	M	M
+	+	L	L

(+) (-)

SPEECH AUDIOMETRY

(Rm #)

RECOMMENDATIONS & REMARKS

Live Voice:	PB-SRT	EAR	SRT (dB)	PB#	PB LEVEL	PB% SCORE
Phono:		R				
Tape:		L				
Mask Level:		BIN PH				
Mask Type:		SF				
RE:		MASKED				
<input type="checkbox"/> Sound Pressure Level						
<input type="checkbox"/> Hearing Threshold						

PATIENT IDENTIFICATION

PATIENT INFORMATION

KEY

President Gerald R. Ford
372-28-6532

BETTER EAR	TINNITUS
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> No	
TROUBLE HEARING	
<input type="checkbox"/> No <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> TV	
<input type="checkbox"/> Groups <input type="checkbox"/> Individuals <input type="checkbox"/> Other	
AUDIOGRAM PLOTTED ON BASIS OF	
<input type="checkbox"/> 1951 ASA Reference Threshold	
<input type="checkbox"/> 1964 ISO Reference Threshold	

HZ - Hertz (CPS)
 A/C - Air Conduction
 B/C - Bone Conduction
 SF - Sound Field
 SFA - Speech Frequency Average (500, 1000, 2000 HZ)
 BIN - Binaural
 Conversion:
 ASA to ISO: add dB of Diff.
 ISO to ASA: subtract dB of Diff.

(Over)

TONE DECAY TEST

HZ	EAR	-10	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110
	R																									
	L																									
	R																									
	L																									
	R																									
	L																									
	R																									
	L																									

COMMENTS

ALTERNATE BINAURAL LOUDNESS BALANCE TEST

HZ		-10	0	10	20	30	40	50	60	70	80	90	100	110
	R													
	L													
	R													
	L													
	R													
	L													
	R													
	L													

COMMENTS

RIGHT EAR

ELECTRO-DERMAL AUDIOMETRY

LEFT EAR

ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C																				
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

COMMENTS

SISI TEST

HZ	EAR	Thres- hold PT	LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	PERCENT
	R																							
	L																							
	R																							
	L																							
	R																							
	L																							
	R																							
	L																							

COMMENTS

BEKESY TEST

RIGHT EAR: Type _____

LEFT EAR: Type _____

COMMENTS



Lipo 7

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Laboratory	FROM: (Requesting ward, unit, or activity) White House	DATE OF REQUEST 25 January 1975
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REASON FOR REQUEST (Complaints and findings)

Lipoprotein electrophoresis

Study last year was normal but history of cholesterol elevation in the past.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ EMERGENCY
☐ ROUTINE

RAdm W. M. Lukash, M. D.

☐ BEDSIDE ☐ ON CALL

CONSULTATION REPORT

Return
Clear
Chol - [redacted] 290 (normal values 190-354 mg %)
Trig - [redacted] 145 (normal values 11-180 mg %)
Normal lipoprotein electrophoretic pattern

1683

(Continued on reverse side)

SIGNATURE AND TITLE <i>Gerald R. Ford</i>	DATE <i>1/31/75</i>	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

President Gerald R. Ford
00372-28-6532

S/N 0109-201-2602

CONSULTATION SHEET
Standard Form 513
513-104-02



LABORATORY REPORT DISPLAY

TEST(S)		Enter in above spaces		PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		URIN-ALYSIS		SPECIMEN/LAB. RPT. NO.	
SPECIMEN TAKEN		REQUESTING PHYSICIAN'S SIGNATURE		REPORTED BY		URGENCY		PATIENT STATUS	
DATE	TIME	A.M. P.M.		RADM. W. M. Lukash		MD		DATE	
1-25				27 JAN 1975		TECH			
RESULTS	(X)	REQUESTED		ROUTINE		TODAY		ROUTINE	
		COLOR				PRE-OP		BED	
		SPECIFIC GRAVITY				STAT		OUTPATIENT	
		pH						NP	
		GLUCOSE						DOM.	
		PROTEIN				SPECIMEN SOURCE			
		OCULT BLOOD							
		KETONES							
		MICROSCOPIC							
		WBC							
		RBC							
		EPI CELLS							
		WBC							
		RBC							
		HYALINE							
		GRANULAR							
		BACTERIA							
		CRYSTALS							
		MUCUS							
		BILE							
		URO-BILINOGEN							
		BENCE-JONES PROTEIN							
		HEMOSIDERIN							
		PSP							
		15 MIN.							
		1 HR.							
		HCG							
ROUTINE and culture and sensitivity 27 JAN 1975 NO GROWTH AFTER 24 HOURS									
REMARKS: Enter in above spaces PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE RADM. W. M. Lukash REPORTED BY 27 JAN 1975 TECH MD DATE LAB. ID. NO.									
URINALYSIS Standard Form 550 (July 1971) — GSA FPMR 101 — 11.8									

REMOVE PROTECTIVE STRIP—PLACE TOP OF 3D REPORT HERE AND SUCCEEDING ONES
ON LINES TO THE RIGHT

REMOVE PROTECTIVE STRIP—PLACE TOP OF 2D REPORT ON THIS LINE—RIGHT MARGIN
ON BASE LINE

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: Mount laboratory reports either serially or on alternate strips as indicated in the lower-right corner of this form. When a patient requires the same test form several times, a separate display sheet should be used for mounting those forms in series. In low-use situations, assorted forms should be mounted on alternate (1, 3, 5, and 7) strips. *Note:* Microbiology I and II (SF 553 and SF 554) and Miscellaneous (SF 557) tests should be mounted on SF 545a in all instances. **DO NOT MOUNT ANY OTHER TYPE OF FORM ON THESE DISPLAY SHEETS.**

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORD, President Gerald R.

FORMS DISPLAYED ON THIS PAGE ARE (Check one)

MOUNTED SERIALLY:

MOUNTED ON STRIPS 1, 3, 5, AND 7:

CHEMISTRY I (SF 546)

CHEMISTRY III (SF 548)

CHEMISTRY II (SF 547)

PARASITOLOGY (SF 552)

HEMATOLOGY (SF 549)

☐ SPINAL FLUID (SF 555)☐ URINALYSIS (SF 550)☐ IMMUNOHEMATOLOGY (SF 556)☐ SEROLOGY (SF 551)

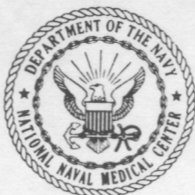
☐ ASSORTED FORMS

STANDARD FORM 545
JULY 1971

LABORATORY REPORT
DISPLAY

545-101

☆ GPO: 1971 OF-440-850



NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MARYLAND - 20014

IN REPLY REFER TO

NNMC:C02:ss

6320

28 January 1975

FOR OFFICIAL USE ONLY

MEMORANDUM

From: LCDR R. L. DEVAULT, MSC, USN

To: RADM W. M. LUKASH, MC, USN

Subj: Outpatient Record in the Case of President Ford

- Encl: (1) Copy of entire Outpatient Record of President Ford
(2) Copy of report of Orthopedic Consultation of 25 January 1975
(3) Copy of report of ENT Consultation of 25 January 1975
(4) Copy of report of Laboratory Studies
(5) *Copy of Radiographic Report*

1. Enclosures (1) through (5) are forwarded for your retention. As of this time, I understand that the Ophthalmology Consultation is incomplete.

2. I understand that the original of the Radiographic Report was given to you directly by Dr. Ochs. It is respectfully requested that you make a copy of the Radiographic Report and return the original to me for filing in President Ford's outpatient record.

Very respectfully,

R. L. Devault
R. L. DEVAULT

*P.S.
Disregard para 2. after
talking with you, I
checked with Dr. Ochs
and the report was
in the file with the
radiographs.
VLR
RSD*

