

PEDS-C Bio-Electrical Impedance Report

PDC 50
Rev 0
02/25/2005
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Please Use Black Pen To Fill Out Form.

4561

Week #	Date of Assessment	Patient ID	Patient Letter Code	
week	assessdt mm / dd / yyyy	idn - -	letcode	corrfix Correction

Instructions

Use this form to report the results of the bio-electrical impedance assessment performed as part of the PEDS-C Growth and Body Composition battery.

	CRA Use Only
<p>1. Date of Bio-Electrical Impedance assessment: biadt</p> <p style="text-align: center;">mm / dd / yyyy</p> <p>2. Patient's gender: biagender</p> <p style="text-align: center;">Male Female <input type="radio"/> <input type="radio"/></p> <p>3. Patient's birthdate: biadob</p> <p style="text-align: center;">mm / dd / yyyy</p> <p>4. Was the patient fasting at the time of the BIA? biafast</p> <p style="text-align: center;">Yes No <input type="radio"/> <input type="radio"/></p> <p>5. Height: biahtna</p> <p style="text-align: center;">A. Measurement B. Unable to measure biaht cm <input type="radio"/></p> <p>6. Weight: biawtna</p> <p style="text-align: center;">biawt kg <input type="radio"/></p> <p>7. Resistance (R): biaresistrna</p> <p style="text-align: center;">biaresistr ohms <input type="radio"/></p> <p>8. Reactance (Xc): biareactxcna</p> <p style="text-align: center;">biareactxc ohms <input type="radio"/></p>	
<p>PEDS-C Staff Comments</p>	

Signature: _____

Certif. #: _____

staffid1 - -