Comprehensive Health Assessment Form

	ttii Assessiiiette	01111		
21 to 39 Years: Female at Birth	Actual Age:	Date:		
Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake		Vital Signs		
Allergies / Reaction		Temp		
Height		BP		
Weight □ Significant loss/gain:lbs		Pulse		
BMI Value		Resp		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10		
Cultural Needs (e.g., cultur preference/restrictions, and he	althcare beliefs):	eligious practices, dietary □ Unremarkable		
Country of Birth: □ US At least 1 parent born in Africa.		Yes □ No		
Dental Home	Dental visit within past 12 months: Yes No			
Advance Directive Info Given/Discussed	□ Yes □ Refuse			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable				
☐ Seeing ☐ Hearing ☐ Mobilifier Current Medications/Vita				
□ taking 0.4 to 0.8 mg of folic				
Education (last grade con Health education preference:	• •	timodia □ Othor:		
Interval History	Velbai 🗆 Visuai 🗀 iviui	umedia 🗆 Other.		
Diet / Nutrition	J	ow calorie □ ADA ther:		
Appetite	□ Good □ F	air 🗆 Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week)	eek w/ 2 days strength training)		
LMP: □ Pregnant	G P A	□ Menorrhagia		
Sexually Active	□ Yes □ No □	Multiple Partners		
Contraceptive Used	□ None □ Condoms	□ Other:		
Intimate Partner Violence	In the last 12 months: Has anyone physically hurt you? □ Yes □ No Has anyone insulted or humiliated you? □ Yes □ No Has anyone threatened you? □ Yes □ No Has anyone screamed or cursed at you? □ Yes □ No			
Last PAP/HPV	Date:	□ WNL		
Social Determinants of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes since last visit (move, job, death) ☐ Problems with housing, food, employment, transpo ☐ Stressors (mental illness, alcohol/drugs, violence/a			

Name:	DOB:	B: MR#:	
Current Alcohol / Substance Use	□ None	□ Alcohol	
□ Drugs (specify):	☐ IV Drugs-Current☐ IV Drugs-Past Hx	□ Other:	
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History and Dates	□ None	□ See <u>CAIR</u>	
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Tdap:	
□ COVID Booster(s):	□ MMR:	□ Varicella:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>TAPS</u> □ Other:		
Cervical Cancer	□ H&P □ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Intimate Partner Violence	□ <u>SDOH</u> □ <u>HITS</u> □ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:		
Tobacco Use	□ SHA □ TAPS □ H&P □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develoned No abuse/neglect evider		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norm Hearing grossly normal	al	
Nose	Passages clear, MM pin	k, no lesions	
Teeth	No visible cavities, gross	sly normal	
Mouth / Gums	Pink, no bleeding/inflam		
Neck	Supple, no masses, thyroid not enlarged		

Comprehensive Hea	Ith Assessment	Form		Name:	DOB:	MR#:
Chest / Breast	Symmetrical, no masse	s		Anticipatory Guidance	(AG) / Education (√	if discussed)
Heart	No organic murmurs, re	gular rhythm		Diet, Nutrition & Exerci	se	
Lungs	Clear to auscultation bil	aterally		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Abdomen	Soft, no masses, liver &	spleen normal		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Genitalia	Grossly normal			□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Female	No lesions, normal exte appearance	rnal		Accident Prevention &	1	
Vaginal exam	Done or completed else OB/GYN name:	where		☐ Alcohol/drug/substance	□ Avoid risk-taking behavior	□ Independence
Femoral pulses	Present & equal			misuse counseling □ Routine dental care	☐ Gun safety	☐ Personal development
Extremities	No deformities, full ROM	И		☐ Signs of depression	☐ Violent behavior	☐ Goals in life
Lymph nodes	Not enlarged			(suicidal ideation) □ Intimate partner violence	☐ Mindful of daily	□ Family support, social
Back	No scoliosis			Intimate parties voicine	movements	interaction & communication
Skin	Clear, no significant lesi	ions		□ Diabetes management	□ Motor vehicle	☐ Academic or work plans
Neurologic	Alert, no gross sensory	or motor deficit			safety (DUI / no texting & driving)	
Subjective / Objective				☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Self-breast exam
				☐ Skin cancer prevention	☐ Safety helmet	□ Breastfeeding
				☐ Smoking/vaping use/exposure	□ ASA use	☐ Sex education (partner selection)
Assessment				☐ Current smoker: # Yrs smol	ked # Cigarettes sm ked # Cigarettes sm Chewing tobacco □ Vapin	g products Other:
Plan				☐ Advised to quit smoking	Discussed smoking cessation medication	 □ Discussed smoking cessation strategies
				Next Appointment		
				□ 1 year	□ RTC PRN	□ Other:
Referrals						
□ Dentist	□ Optometrist /	□ Dietician / Nutrit	tionist	Documentation Remind		
☐ Drug / ETOH Tx rehab	Ophthalmologist Behavioral health	□ Tobacco cessat	ion class	☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication	☐ Problem / Medication Lists updated
□ OB/GYN:	□ Other:			reviewed by provider	dates, etc.)	
Orders						
☐ COVID 19 vaccine / booster	□ Varicella (if not up to date)	□ CBC / Basic me panel	tabolic	MA / Nurse Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Hct / Hgb☐ Lipid panel		Described to the second second	T:0	D. L.
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Low to moderate	e dose	Provider Signature	Title	Date
☐ Influenza vaccine	□ Chlamydia	□ PPD skin test				
☐ Meningococcal vaccine (if	☐ Gonorrhea☐ HIV (if high risk)	□ QFT □ CXR				
not up to date)	☐ Herpes	☐ Urinalysis		Notes (include date, tim	e signature and title	on all entries)
☐ MMR (if not up to date)	□ Syphilis	□ ECG				on all ondies)
☐ Pneumococcal (if high	☐ Trichomonas ☐ Rx for folic acid	☐ COVID 19 test☐ Fasting plasma HbA1C	glucose /	☐ Member refused the followi	ny screening/orders:	
risk) □ Tdap	0.4-0.8mg daily ☐ Bone Density Test	□ PAP				
	-					

 $\ \square$ Other:

Comprehensive Health Assessment Form 21 to 39 Years: Actual Age: Date: Male at Birth Primary Language □ No Interpreter □ Yes □ Refused Requested Name of Interpreter: Intake **Vital Signs** Allergies / Reaction Temp Height ΒP Weight Pulse ☐ Significant loss/gain: ___lbs BMI Value Resp Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No **Dental Home** Dental visit within past 12 months: ☐ Yes ☐ No Advance Directive □ Yes □ Refused Info given/discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease $\hfill \Box$ HEP B $\hfill \Box$ HEP C $\hfill \Box$ High Cholesterol $\hfill \Box$ HIV $\hfill \Box$ HTN $\hfill \Box$ Liver Disease \square Seizures \square STI \square Uses DME $\square \ge 2$ ER visits in 12 months □ Other: Functional Limitations (check all that apply): \qed Unremarkable \square Seeing \square Hearing \square Mobility \square Communication \square Cognition \square Self-care Current Medications/Vitamins: ☐ See Medication List Education (last grade completed): $\underline{ \text{Health education preference:}} \; \square \; \text{Verbal} \; \; \square \; \text{Visual} \; \; \square \; \text{Multimedia} \; \; \square \; \text{Other:}$ **Interval History** □ Regular □ Low calorie \square ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Good □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training) Sexually Active \square Yes \square No \square Multiple Partners \square MSM Contraceptive Used □ None □ Condoms □ Other: ☐ Unremarkable for social drivers of health Social ☐ Changes since last visit (move, job, death) **Determinants of** ☐ Problems with housing, food, employment, transportation Health (SDOH) ☐ Stressors (mental illness, alcohol/drugs, violence/abuse) Current Alcohol / □ None □ Alcohol **Substance Use**

□ IV Drugs-Current

□ IV Drugs-Past Hx

☐ Lives/lived with

someone HBV+

□ None

□ Cancer

□ Other:

□ Diabetes

□ Asthma

□ Other:

☐ Drugs (specify):

Family History

☐ Heart disease / HTN

☐ High cholesterol

name:	DOB:	IVII	X# :
Immunization History / Date	□ None	□ See <u>CAIR</u>	
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID Booster(s):	□ MMR:	□ Varicella:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ TAPS □ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other:		
Sexually Transmitted Infections	□ SHA □ H&P □ Other:		
Tobacco Use	□ SHA □ TAPS □ H&P □ Other:		
Tuberculosis	□ TB Risk Assessment		
Exposure Physical Examination	□ Other:		WNL
General appearance	Well-nourished & develope No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & s Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	normal	
Mouth / Gums	Pink, no bleeding/inflamma	ation/lesions	
Neck	Supple, no masses, thyroi	d not enlarged	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilaterally		
Abdomen	Soft, no masses, liver & spleen normal		
Genitalia	Grossly normal		
Male	Circ / uncircumcised, teste Prostate Exam / Rectal	s in scrotum	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		

DOD.

MAD4

Comprehensive He	alth Assessment	Form		Name:	DOB:	MR#:
Lymph nodes	Not enlarged			Anticipatory Guidano	e (AG) / Education (√	if discussed)
Back	No scoliosis			Diet, Nutrition & Exer	cise	
Skin	Clear, no significant lesion	ns		□ Weight control / obesity	□ Vegetables, fruits	☐ Lean protein
Neurologic	Alert, no gross sensory or	motor deficit		□ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Subjective / Objective	e			☐ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
				Accident Prevention	& Guidance	
				☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
				☐ Signs of depression (suicidal ideation)	☐ Gun safety	□ Personal development
				☐ Mental health (emotional support)	□ Violent behavior	☐ Goals in life
				□ Diabetes Management	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Academic or work plans
Assessment				□ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Family support, social interaction & communication
				☐ Skin cancer prevention	□ Safety helmet	□ Testicular self-exam
				☐ Smoking/vaping use/exposure	□ Routine dental care	☐ Sex education (partner selection
Plan				□ Current smoker: # Yrs sm Type used: □ Cigarettes □ □ Advised to quit smoking Next Appointment □ 1 year		•
				·		- Other
				Documentation Remi		
Referrals □ Dentist □ Drug / ETOH Tx rehab	□ Optometrist / Ophthalmologist □ Behavioral health	□ Dietician / Nutri		☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem/Medication Lists updated
□ Other:				MA / Nurse Signature	Title	Date
Orders						
☐ COVID 19 vaccine / booster	□ Tdap	□ CBC / Basic me panel	etabolic	Provider Signature	Title	Date
☐ Hep B vaccine (if not up to date)	□ Varicella (if not up to date)	☐ Hct / Hgb☐ Lipid panel				
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	□ Low to modera statin	te dose			
□ Influenza vaccine	☐ Hep C Antibody test (if high risk)	□ PPD skin test□ QFT		Notes (include date, til	me, signature, and title	on all entries)
☐ Meningococcal vaccine (if not up to date)	□ Chlamydia□ Gonorrhea	□ CXR □ Urinalysis		☐ Member refused the follow	wing screening/orders:	
☐ MMR (if not up to date)	☐ HIV (if high risk)☐ Herpes	□ ECG □ COVID 19 test				
☐ Pneumococcal (if high risk)	□ Syphilis □ Trichomonas	☐ Fasting plasma☐ HbA1C	glucose			
□ Other:					21 to 3	39 Years Old Male - Page 2 of

Comprehensive Health Assessment Form 40 to 49 Years: Actual Age: Date: Female at Birth Primary Language Interpreter □ Yes □ No □ Refused Requested Name of Interpreter: **Vital Signs** Intake Allergies / Reaction Temp ΒP Height Weight Pulse ☐ Significant loss/gain: **BMI Value** Resp Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No Dental Home Dental visit within past 12 months: ☐ Yes ☐ No Advance Directive □ Yes □ Refused Info Given/Discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease \square HEP B \square HEP C \square High Cholesterol \square HIV \square HTN \square Liver Disease □ Seizures □ STI □ Uses DME $□ \ge 2$ ER visits in 12 months \square Other: Functional Limitations (check all that apply): Unremarkable □ Seeing □ Hearing □ Mobility □ Communication □ Cognition □ Self-care Current Medications/Vitamins: ☐ See Medication List □ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females) Education (last grade completed): Health education preference: \square Verbal \square Visual \square Multimedia \square Other: **Interval History** □ Regular \square ADA □ Low calorie Diet / Nutrition \square Iron-rich foods \square Other: Appetite □ Fair \square Good □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training) □ Menorrhagia LMP: Ρ Α G □ Menopause Hysterectomy □ Partial □ Total Sexually active □ Yes □ No □ Multiple Partners Contraceptive Used $\quad \square \ \, \mathsf{None}$ □ Condoms □ Other: In the last 12 months: **Intimate Partner** Has anyone physically hurt you? □ Yes □ No

Has anyone insulted or humiliated you? $\ \square$ Yes $\ \square$ No

Has anyone screamed or cursed at you? \square Yes \square No

□ WNL

 \square WNL

□ WNL

☐ Yes ☐ No

Has anyone threatened you?

Date:

Date:

Date:

Violence

Last PAP/HPV

Last Mammogram

Last Colonoscopy

vame:	DOR:	IVI	IK#:		
Social Determinants of Health (SDOH)	□ Unremarkable for social drivers of health □ Changes since last visit (move, job, death) □ Problems with housing, food, employment, transportation □ Stressors (mental illness, alcohol/drugs, violence/abuse)				
Current Alcohol / Substance Use	□ None	□ Alcohol			
□ Drugs (specify):	□ IV Drugs-Current□ IV Drugs-Past Hx	□ Other:			
Family History	□ None	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture			
☐ High cholesterol	□ Cancer	□ Other:			
Immunization History / Date	□ None	□ □ See <u>CA</u>	<u>IR</u>		
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:			
□ COVID Booster(s):	□ MMR:	□ Varicella:□ Exempt (DO non-healthca			
□ Hepatitis B:	□ Pneumococcal:	□ Other:			
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Alcohol Misuse	□ <u>TAPS</u> □ Other:				
Breast Cancer (Starting at 40 yrs old)	□ H&P □ Other:				
Cervical Cancer	□ H&P □ Other:				
Colorectal Cancer	□ H&P □ Other:				
Depression Score:	□ PHQ2 □ PHQ9 □ Other:				
Diabetes	□ H&P □ Other:				
Drug Misuse Score:	□ <u>TAPS</u> □ Other:				
Dyslipidemia	☐ H&P ☐ Other:				
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:				
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:				
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:				
Intimate Partner Violence	□ SDOH □ HITS □ H&P □ Other:				
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:				
Obesity	□ H&P □ Other:				
Osteoporosis	□ H&P □ Other:				
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:				
Tobacco Use	□ SHA □ TAPS □ H&P □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:				
Physical Examination	□ Ouioi.		WNL		
General appearance	Well-nourished & develop No abuse/neglect evident				
Head	No lesions				

DOD.

MAD4

Comprehensive He	alth Assessment	Form		Name:	DOB:	MR#:
Eyes	PERRLA, conjunctivae & Vision grossly normal			☐ Zoster (if high risk)	□ PAP □ HPV	□ Bone Density Test□ Mammogram
Ears	Canals clear, TMs normal Hearing grossly normal			□ Other:		□ Maninogram
Nose	Passages clear, MM pink,	no lesions		Anticipatory Guidanc	e (AG) / Education (√	if discussed)
Teeth	No visible cavities, grossly	normal		Diet, Nutrition & Exerc	. ,	,
Mouth / Gums	Pink, no bleeding/inflamm	ation/lesions		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Neck	Supple, no masses, thyro enlarged	d not		☐ Whole grains /	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice
Chest / Breast	Symmetrical, no masses			iron-rich foods ☐ Physical activity /	salty foods □ Healthy food choices	cream □ Eating disorder
Heart	No organic murmurs, regu	lar rhythm		Accident Prevention &	 } Guidance	
Lungs	Clear to auscultation bilate	erally		☐ Alcohol/drug/substance	□ Avoid risk-taking	□ Independence
Abdomen	Soft, no masses, liver & s	oleen normal		misuse counseling □ Signs of depression	behavior ☐ Skin cancer	□ Personal development
Genitalia	Grossly normal			(suicidal ideation)	prevention	·
Female	No lesions, normal externappearance	al		☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
Vaginal exam	Done or completed elsewl OB/GYN name:	nere		□ Diabetes management	☐ Mindful of daily movements	□ Work activities
Femoral pulses	Present & equal			☐ Intimate partner	☐ Motor vehicle safety (DUI / no texting &	☐ Family support, social interaction &
Extremities	No deformities, full ROM			□ Sex education (partner	driving)	communication □ Self-breast exam
Lymph nodes	Not enlarged			selection)		
Back	No scoliosis			☐ Safe sex practices (condoms, contraception,	□ Safety helmet	☐ Aging process
Skin	Clear, no significant lesion	IS		HIV/AIDS) ☐ Smoking/vaping	☐ Routine dental care	□ Perimenopause
Assessment				☐ Current smoker: # Yrs smi ☐ Current smoker: # Yrs smi ☐ Type used: ☐ Cigarettes ☐ ☐ Advised to quit smoking	oked # Cigarettes sm	
					cessation medication	cessation strategies
Plan				Next Appointment	T	T
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	 □ Optometrist / Ophthalmologist 	□ Dietician / Nutr	itionist	Documentation Remir	nders	
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessa	tion class	□ Screening tools (TB,	□ Vaccines entered in	□ Problem / Medication
□ OB/GYN	□ Other:			Depression, HEP B, etc.) are completed,	CAIR (manufacturer, lot #, VIS publication	Lists updated
Orders				dated, & reviewed by provider	dates, etc.)	
□ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	□ CBC / Basic me	etabolic	MA /N	ſ	Г
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel		MA / Nurse Signature	Title	Date
□ Influenza vaccine	□ Chlamydia	□ PPD skin test				
☐ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)☐ Harrise	□ QFT □ CXR		Provider Signature	Title	Date
□ Pneumococcal (if high	☐ Herpes ☐ Syphilis	□ Urinalysis□ ECG				
risk) □ Tdap	☐ Trichomonas ☐ Rx for folic acid 0.4-	□ COVID 19 test □ Fasting plasma	aduces	Notes (include date, tir	me, signature, and title	on all entries)
	0.8mg daily	☐ Oral glucose to	-	☐ Member refused the follow	ving screening/orders:	
□ Varicella (if not up to date)	□ gFOBT or Fit□ Colonoscopy	☐ HbA1C☐ Low to modera statin	te dose		40 to 40	Years Old Female - Page 2 of

Comprehensive Health Assessment Form 40 to 49 Years: Actual Age: Date: Male at Birth Primary Language □ Yes □ No □ Refused Interpreter Requested Name of Interpreter: Vital Signs Intake Allergies / Reaction Temp ΒP Height Weight Pulse ☐ Significant loss/gain: **BMI Value** Resp Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No **Dental Home** Dental visit within past 12 months: \square Yes \square No Advance Directive □ Yes □ Refused Info Given/Discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List \square Asthma \square Cancer \square Depression \square DM \square Dialysis \square Heart Disease ☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease □ Seizures □ STI □ Uses DME $□ \ge 2$ ER visits in 12 months □ Other: Functional Limitations (check all that apply): ☐ Unremarkable \square Seeing \square Hearing \square Mobility \square Communication \square Cognition \square Self-care Current Medications/Vitamins: ☐ See Medication List Education (last grade completed): Health education preference: \square Verbal \square Visual \square Multimedia \square Other: **Interval History** □ Regular □ ADA □ Low calorie Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite \square Good □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (≥2 ½ hrs per week w/ 2 days strength training) Sexually active \square Yes \square No \square Multiple Partners \square MSM Contraceptive Used □ None □ Condoms □ Other: Last Colonoscopy Date: □ WNI □ Unremarkable for social drivers of health Social Determinants of ☐ Changes since last visit (move, job, death) Health (SDOH) ☐ Problems with housing/food/employment/transportation ☐ Stressors(mental illness, alcohol/drugs, violence/abuse) **Current Alcohol** / □ None □ Alcohol **Substance Use** □ Drugs (specify): □ IV Drugs-Current \square Other: □ IV Drugs-Past Hx

□ Unremarkable

☐ Lives/lived with

□ Cancer

someone HBV+

Family History

☐ Heart disease / HTN

☐ High cholesterol

□ Diabetes

□ Asthma

□ Other:

Name:	DOB:	MR#	F:
Immunization History / Date	□ None	□ See <u>CAIF</u>	<u>R</u>
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
□ COVID Booster(s):	□ MMR:	□ Varicella: □ Exempt (DOB < 1980 non-healthcare worker)	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	·
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse Score:	□ <u>TAPS</u> □ Other:		
Colorectal Cancer	☐ H&P ☐ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse Score:	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other::		
Sexually Transmitted Infections	□ SHA □ H&P □ Other:		
Tobacco Use	□ SHA □ TAPS □ H&P □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	y normal	
Mouth / Gums	Pink, no bleeding/inflamm	ation/lesions	
Neck	Supple, no masses, thyro enlarged	id not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & s normal	pleen	
Genitalia	Grossly normal		
Male	Circ/uncircumcised, testes Prostate Exam / Rectal	s in scrotum	

Comprehensive Healt	h Assessment For	m	Name:	DOR:	MK#:
Femoral pulses	Present & equal		Anticipatory Guidance (A	G) / Education (√ if dis	scussed)
Extremities	No deformities, full ROM		Diet, Nutrition & Exercise		
Lymph nodes	Not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Back	No scoliosis		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesio		□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Neurologic	Alert, no gross sensory o motor deficit	r 🗆	Accident Prevention & Gu	1	
Subjective / Objective			☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
			☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
			☐ Mental health (emotional support)	□ Violent behavior	□ Goals in life
			☐ Diabetes management	☐ Mindful of daily movements	☐ Work activities
Assessment			☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
			☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Testicular self-exam
			☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	☐ Routine dental care
			Tobacco Use / Cessation		
			□ Never smoked or used tobacco	•	
Plan			☐ Former smoker: # Yrs smoked		/day Quit date
			☐ Current smoker: # Yrs smoked		•
			Type used: □ Cigarettes □ Chev		
			☐ Advised to quit smoking	 Discussed smoking cessation medication 	 Discussed smoking cessation strategies
			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
Referrals			D 4# D 11		
□ Dentist	□ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist	Documentation Reminder	T	- Bulley (Malfactor
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication	 □ Problem / Medication Lists updated
□ Other:			by provider	dates, etc.)	
			MA / Nurse Signature	Title	Date
Orders		000/0			
☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	□ CBC / Basic metabolic panel	Provider Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	□ Hct / Hgb □ Lipid panel			
□ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	☐ Low to moderate dose statin			
☐ MMR (if not up to date)	□ HIV	□ PPD skin test			
	□ Herpes	□ QFT	Notes (include date, time, s	signature, and title on a	all entries)
□ Pneumococcal vaccine	□ Syphilis	□ CXR	- Manch or refused the fellowing		
	☐ Trichomonas	□ Urinalysis	☐ Member refused the following s	creening/orders:	
□ Tdap	□ gFOBT or Fit	□ ECG			
	□ Colonoscopy	□ COVID 19 test			
☐ Varicella (if not up to date)	□ HbA1C	☐ Fasting plasma glucose			
□ Zoster	□ PSA	□ Oral glucose tolerance test			
□ Other:					