Comprehensive Health Assessment Form

50+ Years: Female at Birth	Actual Age: Date:
Primary Language	
Interpreter Requested	□ Yes □ No □ Refused Name of Interpreter:

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., 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 Info Given/Discussed	□ Yes □ Refused

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 □ Mobility □ Communication □ Cognition □ Self-care

Current Medications/Vitamins: □ See Medication List

Education (last grade completed): _____
Health education preference: □ Verbal □ Visual □ Multimedia □ Other:

Interval History	
Diet / Nutrition	□ Regular □ Low calorie □ ADA □ Iron-rich foods □ Other:
Appetite	□ Good □ Fair □ Poor
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per week w/ 2 days strength training)
LMP:	G P A	□ Menorrhagia □ Menopause
Hysterectomy	□ Partial □ Total
Sexually active	□ Yes □ No □ Multiple Partners
Contraceptive Used	□ None □ Condoms □ Other:
Last PAP/HPV	Date: □ WNL
Last Mammogram	Date: □ WNL
Last Colonoscopy	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, 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 CAIR	□ Tdap:
□ COVID #1: □ COVID #2:	□ Influenza:	□ Zoster:
□ COVID Booster(s):	□ MMR: □ Exempt (DOB <1957 & non-healthcare worker)	□ Varicella: □ Exempt (non-healthcare worker)
□ Hepatitis B:	□ Pneumococcal:	□ Other:

USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse Score: _____	□ TAPS □ Other:	□	□
Breast Cancer	□ H&P □ Other:	□	□
Cervical Cancer	□ H&P □ Other:	□	□
Cognitive Health (Start at 65 yrs old) Score: ____ *May be used as member risk assessment	□ MINI-COG □ AD8 □ Other:	□	□
Colorectal Cancer	□ H&P □ Other:	□	□
Depression Score: _____	□ PHQ2 □ PHQ9 □ Other:	□	□
Diabetes	□ H&P □ Other:	□	□
Drug Misuse Score: _____	□ TAPS □ 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:		□
Lung Cancer	□ H&P □ Other:	□	□
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:	□	□
Obesity	□ H&P □ Other:	□	□
Osteoporosis	□ 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 & developed No abuse/neglect evident	□
Head	No lesions	□
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	□

Comprehensive Health Assessment Form

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/inflammation/lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ OB/GYN	☐ Other:	

Orders

☐ COVID 19 vaccine / booster	☐ Hep C Antibody test (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Chlamydia	☐ Hct / Hgb
	☐ Gonorrhea	☐ Lipid panel
☐ Influenza vaccine	☐ HIV (if high risk)	☐ PPD skin test
	☐ Herpes	☐ QFT
☐ MMR (if not up to date)	☐ Syphilis	☐ CXR
	☐ Trichomonas	☐ Urinalysis
☐ Pneumococcal	☐ Rx for folic acid 0.4-0.8mg daily	☐ ECG
		☐ COVID 19 test
☐ Tdap	☐ gFOBT or Fit	☐ Fasting plasma glucose
	☐ Colonoscopy	☐ Oral glucose tolerance test
☐ Varicella (if not up to date)	☐ PAP	☐ HbA1C
	☐ HPV	☐ Low to moderate dose statin
☐ Zoster	☐ Mammogram	☐ Low Dose CT (20-pack year smoking history & currently
☐ Hep B Panel (if high risk)	☐ Bone Density Test	

smoke or have quit within past 15 years)

☐ Other:

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Healthy food choices	☐ Eating disorder

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ ASA use	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Goals in life	☐ Aging process
☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
☐ 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	☐ Self-breast exam
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Perimenopause education

Tobacco Use / Cessation

☐ Never smoked or used tobacco products
☐ Former smoker: # Yrs smoked ____   # Cigarettes smoked/day ____   Quit date ____
☐ Current smoker: # Yrs smoked ____   # Cigarettes smoked/day ____
Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ 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

MA / Nurse Signature	Title	Date
Provider Signature	**Title**	**Date**

Notes (include date, time, signature, and title on all entries)

☐ Member refused the following screening/orders:

Comprehensive Health Assessment Form

50+ Years: Male at Birth	Actual Age: Date:
Primary Language	
Interpreter Requested	□ Yes □ No □ Refused Name of Interpreter:

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., 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 Info Given/Discussed	□ Yes □ Refused

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 □ Mobility □ Communication □ Cognition □ Self-care

Current Medications/Vitamins: □ See Medication List

Education (last grade completed): _____
Health education preference: □ Verbal □ Visual □ Multimedia □ Other:

Interval History

Diet / Nutrition	□ Regular □ Low calorie □ ADA □ Iron-rich foods □ Other:
Appetite	□ Good □ Fair □ Poor
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 2 ½ hrs per week w/ 2 days strength training)
Sexually active	□ Yes □ No □ Multiple Partners □ MSM
Contraceptive Used	□ None □ Condoms □ Other:
Last Colonoscopy	Date: □ WNL
Social Drivers 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	□ Unremarkable	□ Diabetes
□ Heart disease / HTN	□ Lives/lived with someone HBV+	□ Asthma
□ High cholesterol	□ Cancer	□ Other:

Immunization History / Date	□ None □ See CAIR	□ Tdap:
□ COVID #1: □ COVID #2:	□ Influenza:	□ Zoster:
□ COVID Booster(s):	□ MMR: □ Exempt (DOB <1957 & non-healthcare worker)	□ Varicella: □ Exempt (non-healthcare worker)
□ Hepatitis B:	□ Pneumococcal:	□ Other:

USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Abdominal Aortic Aneurism	□ H&P □ Other:	□	□
Alcohol Misuse Score: _____	□ TAPS □ Other:	□	□
Cognitive Health (Start at 65 yrs old) Score: _____ *May be used as member risk assessment	□ MINI-COG □ AD8 □ Other:	□	□
Colorectal Cancer	□ H&P □ Other:	□	□
Depression Score: _____	□ PHQ2 □ PHQ9 □ Other:	□	□
Diabetes	□ H&P □ Other:	□	□
Drug Misuse Score: _____	□ TAPS □ 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:	□	□
Lung Cancer	□ 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 & developed No abuse/neglect evident	□
Head	No lesions	□
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	□
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/inflammation/lesions	□

Comprehensive Health Assessment Form

Neck	Supple, no masses, thyroid 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, testes in scrotum Prostate Exam / Rectal	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ Other:		

Orders

☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza	☐ Chlamydia ☐ Gonorrhea	☐ Low to moderate dose statin
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ PPD skin test ☐ QFT
☐ Pneumococcal	☐ Syphilis ☐ Trichomonas	☐ CXR ☐ Urinalysis
☐ Tdap	☐ gFOBT or Fit ☐ Colonoscopy	☐ ECG ☐ COVID 19 test
☐ Varicella (if not up to date)	☐ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)	☐ Fasting plasma glucose ☐ Oral glucose tolerance test
☐ Zoster	☐ AAA Ultrasound (65 to 75 who have ever smoked >100 cigarettes in lifetime)	☐ HbA1C ☐ PSA
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ 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
☐ Diabetes management	☐ Violent behavior	☐ Goals in life
☐ Sex education (partner selection)	☐ Mindful of daily movements	☐ Work or retirement activities
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Smoking/vaping use/exposure	☐ Seat belt	☐ Testicular self-exam
☐ Routine dental care	☐ Safety helmet	☐ Aging process

Tobacco Use / Cessation

☐ Never smoked or used tobacco products
☐ Former smoker: # Yrs smoked ____   # Cigarettes smoked/day ____   Quit date ____
☐ Current smoker: # Yrs smoked ____   # Cigarettes smoked/day ____
Type used: ☐ Cigarettes   ☐ Chewing tobacco   ☐ Vaping products   ☐ Other:

☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ 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

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

Notes (include date, time, signature, and title on all entries)

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