Comprehensive Health Assessment 21 to 39 Years: Actual Age: Date: Female 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 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 \square Seizures \square STI \square Uses DME $\square \ge 2$ ER visits in 12 months \square 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 □ 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 ☐ Iron-rich foods ☐ Other: **Appetite** $\; \Box \; \mathsf{Good}$ □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) \square Active ($\ge 2 \frac{1}{2}$ hrs per week w/ 2 days strength training) LMP: □ Pregnant G Р Α □ Menorrhagia Sexually Active □ Yes □ No □ Multiple Partners Contraceptive Used □ None □ Condoms □ Other: Intimate Partner Violence (IPV) in the last 12 months: Has anyone physically hurt you? ☐ Yes ☐ No **Social Determinants** Has anyone insulted or humiliated you? ☐ Yes ☐ No of Health (SDOH) Has anyone threatened you? \square Yes \square No Has anyone screamed or cursed at you? ☐ Yes ☐ No Last PAP/HPV Date: □ WNL

Current Alcohol /

Substance Use

☐ Drugs (specify):

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

□ Alcohol

□ Other:

vame:	DOR:	IVI	K# :	
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)	
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>			
Alcohol Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:			
Cervical Cancer	☐ H&P, ☐ Other:			
Depression Score:	□ PHQ2, □ PHQ9, □ Other:			
Diabetes	☐ H&P, ☐ Other:			
Drug Misuse	□ <u>CRAFFT</u> , □ H&P, □ 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:			
Obesity	□ H&P, □ Other:			
Sexually Transmitted Infections	□ H&P, □ Other:			
SDOH / Intimate Partner Violence	 □ <u>SDOH</u>, □ <u>HITS</u>, □ H&P, □ Other: 			
Tobacco Use	□ <u>CRAFFT</u> , □ H&P, □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment. ☐ Other:			
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect evider			
Head	No lesions			
Eyes	PERRLA, conjunctivae & Vision grossly normal	k sclerae clear,		
Ears	Canals clear, TMs normal Hearing grossly normal	al		
Nose	Passages clear, MM pinl	k, no lesions		
Teeth	No visible cavities, gross	sly normal		
Mouth / Pharynx	Oral mucosa pink, no les	sions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical no masses	•		

DOD.

MAD4

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

 $\ \square$ Other:

Comprehensive Health Assessment 21 to 39 Years: Actual Age: Date: Male at Birth Primary Language □ No Interpreter □ Yes □ Refused Requested Name of Interpreter: **Vital Signs** Intake Allergies / Reaction Temp ΒP Height 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 ☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease \square Seizures \square STI \square Uses DME $\square \ge 2$ 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 □ 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 ☐ Yes ☐ No ☐ Multiple Partners ☐ MSM Contraceptive Used □ None □ Condoms □ Other: $\hfill \square$ WNL – Stable relationships w/ social/emotional support Social ☐ Changes in family since last visit (move, job, death)

☐ Problems with housing, food, employment, incarceration

☐ Family stressors (mental illness, drugs, violence/abuse)

 \square Alcohol

□ Other:

□ Diabetes

□ Asthma

□ Other:

Determinants of

Current Alcohol /

□ None

 \square None

□ Cancer

□ IV Drugs-Current

□ IV Drugs-Past Hx

☐ Lives/lived with

someone HBV+

Health (SDOH)

Substance Use

□ Drugs (specify):

Family History ☐ Heart disease / HTN

☐ High cholesterol

name:	DOB:	IVI	K#:
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)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	, □ <u>CRAFFT</u> , □ H&P, □ Other:		
Depression Score:	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	, □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P, □ Other:		
Obesity	☐ H&P, ☐ Other:		
Sexually Transmitted Infections	□ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	□ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Physical Examination			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 / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyroi		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regu	lar rhythm	
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & sp	oleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, teste	es in scrotum	

Prostate Exam / Rectal

DOD.

MAD4

Mama

Comprehensive He	alth Assessment		Name:	DOB:	MR#:
Femoral pulses	Normal		Anticipatory Guidano	ce (AG) / Education (√	if discussed)
Extremities	No deformities, full ROM		Diet, Nutrition & Exer	cise	
Lymph nodes	Not enlarged		☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Back	No scoliosis		□ Whole grains /	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesion	ns 🗆	□ Physical activity /	☐ Healthy food choices	□ Eating disorder
Neurologic	Alert, no gross sensory or	motor deficit	exercise Accident Prevention	⊥ & Guidance	1
Subjective / Objective	В		□ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
			misuse counseling □ Signs of depression	behavior Gun safety	□ Personal development
			(suicidal ideation)	,	,
			☐ 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,	□ Seat belt	□ Family support, social interaction & communication
			HIV/AIDS) ☐ Skin cancer prevention	□ Safety helmet	☐ Testicular self-exam
			☐ Smoking/vaping use/exposure	□ Routine dental care	☐ Sex education (partner selection
Plan				noked # Cigarettes sm Chewing tobacco	•
			□ 1 year	□ RTC PRN	□ Other:
			Documentation Remi	nders	
Referrals			☐ Screening tools (TB,	□ Vaccines entered in	□ Problem/Medication
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutritionist	Depression, HEP B, etc.) are completed, dated, & reviewed by provider	CAIR (manufacturer, lot #, VIS publication dates, etc.)	Lists updated
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	provider		
□ Other:			MA / Nurse Signature	Title	Date
Orders					
☐ COVID 19 vaccine / booster	□ Tdap	□ CBC / Basic metabolic panel	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 moderate dose statin			
□ Influenza vaccine	☐ Hep C Antibody test (if high risk)	□ PPD skin test □ QFT	Notes (include date, ti	ime, signature, and title	on all entries)
☐ Meningococcal vaccine	□ Chlamydia	□ CXR	☐ Member refused the follo		
(if not up to date) ☐ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)	□ Urinalysis □ ECG		<u> </u>	
wilking (in not up to date)	☐ Herpes	□ COVID 19 test			
☐ Pneumococcal (if high risk)	☐ Syphilis☐ Trichomonas	☐ Fasting plasma glucose☐ HbA1C			
□ Other:					

10 to 49 Years:	alth Assessment	_	
emale at Birth	Actual Age:	Date:	
rimary Language			
nterpreter Requested	☐ Yes ☐ No Name of Interpreter:	□ Refused	
ntake		Vital	Signs
llergies / Reaction		Temp	
eight		BP	
eight		Pulse	
Significant loss/gain:lbs MI Value		Resp	
ain	Location: Scale: 0 1 2 3	4 5 6 7 8	0 10
ference/restrictions, and h	ural background/traditions, realthcare beliefs):	eligious practice	
ountry of Birth: □ US least 1 parent born in Afric	☐ Other: a, Asia, Pacific Islands: ☐	Yes □ No	
ental Home	Dental visit within past 12		i □ No
dvance Directive	□ Yes □ Refused		
fo Given/Discussed nronic Problems/Signi	L ificant Conditions: □ N	one □ See Pr	oblem List
	Depression □ DM □ D	•	
	ses DME □ ≥ 2 ER visits		vei Disease
Other:			
unctional Limitations /	check all that apply): □ Uni	rom orkoblo	
,	check all that apply). \Box Online ility \Box Communication \Box (f-care
urrent Medications/Vit taking 0.4 to 0.8 mg of fol	amins: See Medication		
	io dola dalij (loi lopioddolii	e females)	
ducation (last grade of		e females)	
` •	ompleted):		er:
ealth education preference:	ompleted):		er:
ealth education preference:	ompleted): □ Verbal □ Visual □ Mu	ltimedia □ Othe	er: ADA
ealth education preference: Iterval History iet / Nutrition	ompleted): □ Verbal □ Visual □ Mu □ Regular □ Lov	ltimedia □ Othe v calorie □ ner:	
ealth education preference: Interval History Itel / Nutrition Interval History Itel / Nutrition Interval History	ompleted): Verbal Visual Mu Regular Lov Iron-rich foods Ott Good Fa	ltimedia □ Othe v calorie □ ner:	ADA
terval History et / Nutrition petite	ompleted): Uverbal Uvisual Mu Regular Lov Iron-rich foods Ott Good Fa	ltimedia □ Othe	ADA Poor
alth education preference: terval History et / Nutrition petite pysical Activity	ompleted): Verbal Visual Mu Regular Lov Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week)	w calorie cher: ir cher: ek w/ 2 days streng	ADA Poor gth training)
ealth education preference: terval History iet / Nutrition ppetite hysical Activity MP:	ompleted): Verbal Visual Mu Regular Loo Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week)	w calorie □ ner: ir □	ADA Poor gth training)
alth education preference: terval History et / Nutrition opetite hysical Activity MP:	ompleted): Verbal Visual Mu Regular Lov Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) GPA	w calorie cher: ir cher: ek w/ 2 days streng	ADA Poor gth training) iia e
iducation (last grade content of the education preference: Interval History Diet / Nutrition Impetite Physical Activity MP: Ilysterectomy Sexually active Contraceptive Used	ompleted): Verbal Visual Mu Regular Lov Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) Active (≥ 2 ½ hrs per week) Partial Total	w calorie cher: ir chek w/ 2 days streng Menopaus Multiple Pa	ADA Poor gth training) iia e
ealth education preference: Interval History Itel / Nutrition Interval History Itel / Nutrition Interval History Itel / Nutrition I	ompleted): Verbal Visual Mu Regular Low Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) Active (≥ 2 ½ hrs per week) Nore Condoms Has anyone physically hu	w calorie cher: w calorie cher: ir cherical distribution of the content of the cherical distribution	ADA Poor gth training) iia e
ealth education preference: Interval History Iterval Hi	ompleted): Verbal Visual Mu Regular Low Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) Active (≥ 2 ½ hrs per week) Nore Condoms Has anyone physically hu Has anyone insulted or he	w calorie cher: ir chek w/ 2 days streng Menopaus Menopaus Multiple Pactority ou? umiliated you?	ADA Poor gth training) iia e artners Yes □ No □ Yes □ No
terval History iet / Nutrition opetite hysical Activity MP: ysterectomy exually active ontraceptive Used timate Partner iolence / SDOH	ompleted): Verbal Visual Mu Regular Low Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) Active (≥ 2 ½ hrs per week) Nore Condoms Has anyone physically hu	w calorie cher: ir chek w/ 2 days streng cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher; chek w/ 2 days cher; chek w/ 2	ADA Poor gth training) iia e artners Yes No
terval History iet / Nutrition ppetite hysical Activity MP: ysterectomy exually active ontraceptive Used timate Partner	ompleted): Verbal Visual Mu Regular Low Iron-rich foods Ott Good Fa Inactive (little or none) Some (< 2 ½ hrs/week) Active (≥ 2 ½ hrs per week) Active (≥ 2 ½ hrs per week) CP A Partial Total Yes No None Condoms Has anyone physically hu Has anyone insulted or hu Has anyone threatened y	w calorie cher: ir chek w/ 2 days streng cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher cher: chek w/ 2 days streng cher; chek w/ 2 days cher; chek w/ 2	ADA Poor gth training) iia e artners Yes No

 $\quad \square \ \mathsf{WNL}$

Last Colonoscopy

Date:

Name:	DOB:	M	R#:	
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>CAIR</u>		
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:		
☐ COVID #2.	□ 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)	
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>			
Alcohol Misuse	, □ <u>CRAFFT</u> , □ H&P, □ Other:			
Breast Cancer	□ H&P, □ Other:			
Cervical Cancer	□ H&P, □ Other:			
Colorectal Cancer	□ H&P, □ Other:			
Depression Score:	□ PHQ2, □ PHQ9, □ Other:			
Diabetes	□ H&P, □ Other:			
Drug Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:			
Dyslipidemia	☐ H&P, ☐ Other:			
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:			
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:			
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P, □ Other:			
Obesity	□ H&P, □ Other:			
Osteoporosis	□ H&P, □ Other:			
Sexually Transmitted Infections	□ H&P, □ Other:			
SDOH / Intimate Partner Violence	□ <u>SDOH</u> , □ <u>HITS</u> , □ H&P, □ Other:			
Tobacco Use	□ <u>CRAFFT</u> , □ H&P, □ Other:			
Tuberculosis Exposure	☐ TB Risk Screener,☐ Other:			
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect evident	ed		
Head	No lesions			
Eyes	PERRLA, conjunctivae & s Vision grossly normal			
Ears	Canals clear, TMs normal Hearing grossly normal			

Comprehensive Health Assessment DOB: Name: Nose Passages clear, MM pink, no lesions Anticipatory Guidance (AG) / Education (√ if discussed) Teeth No visible cavities, grossly normal П Diet, Nutrition & Exercise ☐ Weight control / obesity □ Vegetables, fruits ☐ Lean protein Mouth / Pharynx Oral mucosa pink, no lesions Supple, no masses, thyroid not □ Limit candy, chips & ice □ Whole grains / □ Limit fatty, sugary & Neck П iron-rich foods salty foods cream Chest / Breast Symmetrical, no masses □ Physical activity / ☐ Healthy food choices □ Eating disorder exercise Heart No organic murmurs, regular rhythm **Accident Prevention & Guidance** Lungs Clear to auscultation bilaterally □ Avoid risk-taking ☐ Alcohol/drug/substance □ Independence misuse counseling behavior Abdomen Soft, no masses, liver & spleen normal П ☐ Signs of depression ☐ Skin cancer ☐ Personal development (suicidal ideation) prevention Genitalia Grossly normal ☐ Mental health □ Violent behavior ☐ Goals in life No lesions, normal external (emotional support) Female appearance ☐ Mindful of daily □ Work activities □ Diabetes management Done or completed elsewhere Vaginal exam movements OB/GYN name: □ Intimate partner □ Motor vehicle safety ☐ Family support, social Femoral pulses Present & equal (DUI / no texting & interaction & violence drivina) communication Extremities No deformities, full ROM ☐ Sex education (partner □ Seat belt ☐ Self-breast exam selection) Lymph nodes Not enlarged $\ \square \ \text{Aging process}$ ☐ Safe sex practices □ Safety helmet (condoms, contraception, Back No scoliosis HIV/AIDS) Skin Clear, no significant lesions □ Perimenopause □ Smoking/vaping □ Routine dental care use/exposure education Neurologic Alert, no gross sensory or motor deficit **Tobacco Use / Cessation** $\hfill \square$ Never smoked or used tobacco products Subjective / Objective ☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ___ Quit date _ ☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day _ Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other: Assessment ☐ Advised to guit smoking □ Discussed smoking □ Discussed smoking cessation medication cessation strategies **Next Appointment** Plan ☐ RTC PRN □ Other: □ 1 year Referrals □ Dietician / Nutritionist □ Dentist □ Optometrist / **Documentation Reminders** Ophthalmologist ☐ Drug / ETOH Tx rehab □ Behavioral health □ Tobacco cessation class ☐ Screening tools (TB, □ Vaccines entered in □ Problem / Medication Depression, HEP B. CAIR (manufacturer, Lists updated □ OB/GYN □ Other: etc.) are completed, lot #, VIS publication dated, & reviewed by dates, etc.) **Orders** provider □ COVID 19 vaccine / □ CBC / Basic metabolic ☐ Hep B Panel (if high MA / Nurse booster risk) panel Title Date Signature ☐ Hep B vaccine (if not up ☐ Hep C Antibody □ Hct / Hgb to date) test (if high risk) □ Lipid panel □ Influenza vaccine □ Chlamydia □ PPD skin test ☐ Gonorrhea □ QFT **Provider Signature** Title Date ☐ MMR (if not up to date) ☐ HIV (if high risk) □ CXR □ Herpes □ Urinalysis ☐ Pneumococcal (if high $\quad \Box \text{ Syphilis}$ □ ECG risk) □ COVID 19 test □ Trichomonas □ Tdap ☐ Rx for folic acid 0.4-☐ Fasting plasma glucose

0.8mg daily

□ aFOBT or Fit

□ Colonoscopy

□ PAP

 \square HPV

□ Varicella (if not up to

☐ Zoster (if high risk)

date)

□ Other:

☐ Oral glucose tolerance

□ Low to moderate dose

☐ Bone Density Test

□ Mammogram

□ HbA1C

statin

Notes (include date, time, signature, and title on all entries)				
☐ Member refused the following screening/orders:				
40 to 40 Years Old Female, Page 2 of 2				

Namo: Comprehensive Health Assessment 40 to 49 Years: Actual Age: Date: Male at Birth Primary Language □ Yes □ No □ Refused Interpreter Requested Name of Interpreter: Intake Vital Signs Allergies / Reaction Temp ΒP Height Weight Pulse ☐ Significant loss/gain: **BMI Value** Resp Location: Pain 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: \square Yes \square No **Advance Directive** □ Yes □ Refused Info Given/Discussed 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 $□ \ge 2$ ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable $\hfill\Box$ Seeing $\hfill\Box$ Hearing $\hfill\Box$ Mobility $\hfill\Box$ Communication $\hfill\Box$ Cognition $\hfill\Box$ 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 □ Low calorie □ ADA 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) \square Yes \square No \square Multiple Partners \square MSM Sexually active Contraceptive Used □ None □ Condoms □ Other: Last Colonoscopy Date: □ WNL □ WNL-Stable relationships w/ social/emotional support Social Determinants of ☐ Changes in family since last visit (move, job, death) Health (SDOH) ☐ Problems with housing/food/employment/incarceration ☐ Family stressors(mental illness, drugs,violence/abuse) **Current Alcohol** / □ None □ Alcohol **Substance Use** □ Drugs (specify): □ IV Drugs-Current ☐ Other: □ IV Drugs-Past Hx □ Unremarkable □ Diabetes **Family History**

☐ Heart disease / HTN

☐ High cholesterol

□ Lives/lived with

□ Cancer

someone HBV+

□ Asthma

□ Other:

INAIIIC.	DOB.	IVIII	٠.
Immunization History / Date	□ None	□ See CAIF	<u>R</u>
□ COVID #1: □ COVID #2:	□ Influenza: □ Tdap:		
□ COVID Booster(s):	□ MMR:	□ Varicella: □ Exempt (DOB < 1980 8	
□ Hepatitis B:	□ Pneumococcal:	non-healthcare worker Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>CRAFFT</u> , □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>CRAFFT</u> , □ H&P, □ 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:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>CRAFFT</u> , □ 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 normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyro enlarged	id not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	•	
Abdomen	Soft, no masses, liver & s	pleen	

DOR:

мр#.

Comprehensive Healt	th Assessment		Name:	DOR:	MR#:
Genitalia	Grossly normal		Anticipatory Guidance (A	G) / Education (√ if dis	cussed)
Male	Circ/uncircumcised, teste Prostate Exam / Rectal	es in scrotum	Diet, Nutrition & Exercise		
Femoral pulses	Present & equal		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Extremities	No deformities, full ROM		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Lymph nodes	Not enlarged		□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Back	No scoliosis		Accident Prevention & Gu	1	
Skin	Clear, no significant lesio		☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
Neurologic	Alert, no gross sensory o motor deficit	r	☐ Signs of depression	☐ Gun safety	□ Personal
Subjective / Objective			(suicidal ideation) Mental health (emotional	☐ Violent behavior	development ☐ Goals in life
			support)	E VIOLONE BONGVIOL	2 Codio III III C
			□ Diabetes management	☐ Mindful of daily movements	☐ Work activities
			☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
Assessment			☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Testicular self-exam
Maacaaillelil			☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	☐ Routine dental care
			Tobacco Use / Cessation		1
			☐ Never smoked or used tobacco	•	
			☐ Former smoker: # Yrs smoked		/day Quit date
Diam			☐ Current smoker: # Yrs smoked		•
Plan			Type used: □ Cigarettes □ Chev		
			☐ Advised to quit smoking	 Discussed smoking cessation medication 	 Discussed smoking cessation strategies
			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
Referrals					
□ Dentist	□ Optometrist /	□ Dietician / Nutritionist	Documentation Reminder	T	
□ Drug / ETOH Tx rehab	Ophthalmologist 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:		0.000	by provider	dates, etc.)	
			MA / Nurse Signature	Title	Date
Orders			mit i italoo olgilataro	1100	Duto
☐ 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	Provider Signature	Title	Date
☐ Influenza vaccine	□ Chlamydia □ Gonorrhea	☐ Low to moderate dose statin			
☐ MMR (if not up to date)	☐ Gonormea	□ PPD skin test			
- www. (w not up to date)	☐ Herpes	□ QFT	Notes (include data time	pignoture and title are	all ontring)
□ Pneumococcal vaccine	□ Syphilis	□ CXR	Notes (include date, time, s	signature, and title on a	all entries)
	□ 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:					