## **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

#### **INDEX**

Hold the 'Ctrl' button and then click on any of the links below to access the forms.

Under 1 Month Old
1 to 2 Months Old
3 to 4 Months Old
5 to 6 Months Old
7 to 9 Months Old
12 to 15 Months Old
16 to 23 Months Old
2 Years Old
30 Months Old
3 Years Old
4 to 5 Years Old
6 to 8 Years Old
9 to 12 Years Old
13 to 16 Years Old
17 to 20 Years Old
21 to 39 Years Old - Female
21 to 39 Years Old - Male
40 to 49 Years Old - Female
40 to 49 Years Old - Male
50+ Years Old - Female

50+ Years Old - Male

## **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

This page intentionally left blank for printing pur	poses
---	-------

Under 1 Month Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema			
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary Language				
Interpreter	□ Yes □ No			
Requested	Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital Signs		
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Cultural Needs (e.g., cult preference/restrictions, and h		religious practices, dietary  □ Unremarkable		
Birth Weight: Bi		estational Age:		
Delivery: □ Vaginal Complications: □ Yes				
Newborn Hearing Screen		□ Refer		
Country of Birth: □ US	□ Other:			
At least 1 parent born in	n Africa, Asia, Pacific	Islands: □ Yes □ No		
OB/GYN Provider: Post-Partum Appointme	ent Date:			
Cord	☐ Absent ☐ Present ☐ Redness/swelling ☐ Yellow drainage			
Chronic Problems/Sign				
□ DM □ Dialysis □ Hea				
☐ Liver Disease ☐ Seizure☐ Other:	s □ Uses DME □ ≥ 2	ER visits in 12 months		
Current Medications/Vitamins: □ See Medication List				
Current Medications/VII	tamins: □ See Medicatio	on List		
Interval History				
Nutrition	□ Breastfed every			
Nutrition	☐ Formulaoz € Formula Type or Bran	every hours d:		
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal (2-4 hours)	□ Abnormal		
Sleeping Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	□ Lives/lived with someone HBV+	☐ Born to HBV+ parents		
☐ High cholesterol	□ Cancer	□ Family Hx of unexpected or sudden death < 50 yrs		
☐ Childhood hearing impairment	□ Other:	,		
Psychosocial /	☐ Unremarkable for socia			
Behavioral Social Drivers of Health	<ul> <li>☐ Changes in family since last visit (move, job, death)</li> <li>☐ Problems with housing, food, employment, transportation</li> </ul>			
(SDOH)	=	al illness, drugs, violence/abuse)		
Lives with	□ 1 Parent □ 2 Pare	nte □ Other		

Name:	DOB:	: <b>I</b> M	IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Maternal Depression	□ EPDS □ PHQ-9 □ Other:			
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Developm	nent			
□ Prone, lifts head briefly	☐ Turns head side to side	□ Responds to	sound	
□ Moro reflex	☐ Blinks at bright light	□ Keeps hand:	s in a fist	
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect eviden			
Head	Symmetrical, A.F. open _	cm		
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus  Appears to see			
Ears	Canals clear, TMs norma Appears to hear			
Nose	Passages clear, MM pink			
Mouth / Gums	Pink, no bleeding/inflamr No cleft lip or palate			
Neck	Supple, no masses, thyroid not enlarged			
Chest	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bilaterally			
Abdomen	Soft, no masses, liver & s	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesions			
Neurologic	Alert, no gross sensory or motor deficit			
Subjective / Objective				

Comprehensive He	ealth Assessment	Form	Name:	DOB	: MR#:
Assessment			Anticipatory Guidano Health education preference		
			Diet, Nutrition & Exer	cise	
			□ Breastfeeding / formula	□ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	□ Colic
			Accident Prevention	& Guidance	l
			□ <u>Lead poisoning</u>	□ Rear-facing Infant	☐ Stimulation from hanging
			prevention  ☐ Call MD for fever	car seat  ☐ Choking hazards	objects & bright colors  □ Family spacing
			☐ Family support, social interaction & communication	□ Never shake baby	☐ Physical growth
			☐ Signs of maternal depression	□ Matches / burns	□ Stools
			□ Post-Partum Checkup	☐ Violence prevention, gun safety	□ Sneezing
			☐ Hot liquid away from baby	<ul> <li>□ Poison control phone number</li> </ul>	□ Hiccups
			☐ Effects of passive smoking	□ Smoke detector	□ Bathing
			☐ Skin cancer prevention	☐ Hot water temp < 120° F	☐ Circumcision care
Plan			☐ Sleeping position	☐ Drowning / tub safety	□ Cord care
			Next Appointment		
			☐ At 2 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals			Notes (include date, ti	me, signature, and titl	e on all entries)
□ <u>WIC</u>	□ Audiologist	☐ Optometrist / Ophthalmologist	☐ Member/parent refused the	he following screening/orde	L2:
☐ Maternal Behavioral Health	□ Regional Center	□ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders					
☐ Hep B vaccine	☐ Newborn metabolic screen	☐ Obtain newborn hospital records & hearing screen results			
☐ Hen B Panel (if at risk)	□ Other	roomo			

1 to 2 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter		
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Newborn Hearing Scre	□ C-section  □ No	·	2:
Country of Birth: □ US	□ Other:		, N
At least 1 parent born in OB/GYN Provider:	n Africa, Asia, Pacific	Islands: 🗆 Y	∕es □ No
Post-Partum Appointme			
Chronic Problems/Sign  □ DM □ Dialysis □ He: □ Liver Disease □ Seizure □ Other:	art Disease 🗆 HEP B 🛭	□ HEP C □ H	IV
Current Medications/Vi	tamins:   See Medication	on List	
Interval History			
Feedings	☐ Breastfed every ☐ Formulaoz € Formula Type or Bran	every hou	urs
Elimination	□ Normal □ Abnorma		
Has WIC	□ Yes □ No		
Sleep	□ Normal □ Abnorm	al	
Sleep Position	□ Supine □ Prone	□ Side	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents
☐ High cholesterol	□ Cancer	☐ Family Hx of	f unexpected eath < 50 yrs
□ Other:			,
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for socia □ Changes in family since □ Problems with housing, for □ Family stressors (mental	e last visit (move, jood, employment, tr	ansportation
Lives with	□ 1 Parent □ 2 Parer	nts   Other:	

Name:	DOB:	: N	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:		
Maternal Depression Score:	□ <u>EPDS</u> □ <u>PHQ-9</u> □ Other:		
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Growth and Developr	nent		
□ Prone, lifts head 45°	□ Vocalizes (cooing)	☐ Grasps rattl	е
□ Kicks	☐ Follows past midline	onsively	
Physical Examination	1		WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open _		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear		
Nose	Passages clear, MM pink	c, no lesions	
Mouth / Gums	Pink, no bleeding/inflamr	Pink, no bleeding/inflammation/lesions	
Neck	Supple, no masses,	П	
INECK	thyroid not enlarged		

No organic murmurs, regular rhythm

Soft, no masses, liver & spleen normal

Circ / uncircumcised, testes in scrotum

No lesions, normal external appearance

Alert, no gross sensory or motor deficit

Good abduction, leg lengths equal

Clear to auscultation bilaterally

Grossly normal

Present and equal

No deformities, full ROM

Clear, no significant lesions

Heart

Lungs

Abdomen

Genitalia

Male

Hips

Skin

Female

Femoral pulses

Extremities

Neurologic

Subjective / Objective

Comprehensive He	ealth Assessmer	nt Form	Name:	DOB	: MR#:
Assessment		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			Diet, Nutrition & Exer	cise	
			□ Breastfeeding / formula	□ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	☐ Signs of hunger
			Accident Prevention	& Guidance	l
			☐ <u>Lead poisoning</u> prevention	☐ Rear-facing Infant car seat	□ Childcare plan
			□ Call MD for fever	□ Choking hazards	□ Crying
			☐ Hot liquid burns	□ Never shake baby	□ Family spacing
			☐ Signs of maternal depression	□ Matches / burns	☐ Sibling and family relationships
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
Di .			□ Diaper rash	☐ Poison control phone number	□ Bathing
Plan			☐ Skin cancer prevention	☐ Smoke detector	☐ Sleeping position
			□ Crying	□ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / tub safety	☐ Thumb sucking
			Next Appointment		
			☐ At 4 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals					
□ <u>WIC</u>	□ Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
☐ Maternal Behavioral Health	□ Optometrist / Ophthalmologist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	Notes (include date, ti		·
☐ Other:			☐ Member/parent refused the	he following screening/orde	rs:
Orders					
□ DTaP	□ IPV	☐ CBC / Basic metabolic panel			
□ Hep B vaccine	□ PCV	□ Hct / Hgb			
□ Hib	□ Rotavirus	□ ECG □ COVID 19 test			
☐ Hep B Panel (if at risk)	□ Other:	_ 001.2 .0 .000			

3 to 4 Months Old	Actual Age:	Date:		
	<b>3</b> .			
Sex at Birth	□ Male □ Female			
Accompanied by Parent's Primary	□ Mother □ Fathe	r 🗆 Other:		
Language				
Interpreter Requested	□ Yes □ No Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital Signs		
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10		
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions,			
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other:				
At least 1 parent born in		Islands:   Yes   No		
Delivery	□ Vaginal □ C-Section Complications □ Yes □ No			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vi	tamins:   See Medication	n List		
Interval History				
Feedings	☐ Breastfed every ☐ Formulaoz e Formula Type or Bran			
Elimination	□ Normal □ Abnorma	al		
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
Sleep Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:	or odddorr dodir 1 50 yrs		
Psychosocial / Behavioral Social Drivers of Health (SDOH) Lives with	☐ Problems with housing, fo☐ Family stressors (menta	e last visit (move, job, death) bod, employment, transportation al illness, drugs, violence/abuse)		
LIVES WILLI	□ 1 Parent □ 2 Parer	nts   Other:		

AAP Risk Screener  Screening Tools Used  Low Risk   High Risk (see Plan/ Orders/AG)    Anemia	Name:	DOB	N	IR#:
Hepatitis B	AAP Risk Screener		Low Risk	(see Plan/
H&P   Other:	Anemia	□ H&P □ Other: □		
Other:	Hepatitis B			
Assessment				
Psychosocial / Behavioral				
Behavioral				
Exposure	Behavioral			
Head steady when sitting   Squeals or coos   Orients to voices		-		
Head steady when sitting				
sitting   Rolls form stomach to back   Brings hands together to back   Rolls form stomach to back   Laughs aloud      Grasps rattle   Gums objects   Laughs aloud	Growth and Developn	nent		
to back Grasps rattle Grasps r	•	☐ Squeals or coos	□ Orients to vo	pices
Physical Examination  Well-nourished & developed No abuse/neglect evident  Head  Symmetrical, A.F. opencm  PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see  Ears  Canals clear, TMs normal Appears to hear  Nose  Passages clear, MM pink, no lesions  Mouth / Gums  Pink, no bleeding/inflammation/lesions  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  Female  No lesions, normal external appearance  Hips  Good abduction, leg lengths equal  Femoral pulses  Present and equal  Extremities  No deformities, full ROM  Skin  Clear, no significant lesions	□ Eyes follow 180°		□ Brings hand	s together
General appearance   Well-nourished & developed   No abuse/neglect evident	☐ Grasps rattle	☐ Gums objects	☐ Laughs alou	d
Head Symmetrical, A.F. opencm    PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see    Ears Canals clear, TMs normal Appears to hear    Nose Passages clear, MM pink, no lesions    Mouth / Gums Pink, no bleeding/inflammation/lesions    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    Female No lesions, normal external appearance    Hips Good abduction, leg lengths equal    Femoral pulses Present and equal    Extremities No deformities, full ROM    Skin Clear, no significant lesions     —————————————————————————————————	Physical Examination			WNL
Eyes	General appearance			
Eyes Red reflexes present, No strabismus Appears to see  Ears Canals clear, TMs normal Appears to hear  Nose Passages clear, MM pink, no lesions  Mouth / Gums Pink, no bleeding/inflammation/lesions  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  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal  Extremities No deformities, full ROM  Skin Clear, no significant lesions	Head	Symmetrical, A.F. open		
Appears to hear  Nose Passages clear, MM pink, no lesions   Mouth / Gums Pink, no bleeding/inflammation/lesions   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   Female No lesions, normal external appearance   Hips Good abduction, leg lengths equal   Femoral pulses Present and equal   Extremities No deformities, full ROM   Skin Clear, no significant lesions      Appears to hear  Desions  Desi	Eyes	Red reflexes present, No		
Mouth / Gums Pink, no bleeding/inflammation/lesions   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   Female No lesions, normal external appearance   Hips Good abduction, leg lengths equal   Femoral pulses Present and equal   Extremities No deformities, full ROM   Skin Clear, no significant lesions	Ears			
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  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal  Extremities No deformities, full ROM  Skin Clear, no significant lesions	Nose	Passages clear, MM pink	k, no lesions	
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  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal  Extremities No deformities, full ROM  Skin Clear, no significant lesions	Mouth / Gums		mation/lesions	
Heart No organic mumurs, regular rhythm  Lungs Clear to auscultation bilaterally  Abdomen Soft, no masses, liver & spleen normal  Genitalia Grossly normal  Male Circ / uncircumcised, testes in scrotum  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal  Extremities No deformities, full ROM  Skin Clear, no significant lesions	Neck			
Lungs Clear to auscultation bilaterally  Abdomen Soft, no masses, liver & spleen normal  Genitalia Grossly normal   Male Circ / uncircumcised, testes in scrotum  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal   Extremities No deformities, full ROM  Skin Clear, no significant lesions	Chest	Symmetrical, no masses		
Abdomen Soft, no masses, liver & spleen normal  Genitalia Grossly normal   Male Circ / uncircumcised, testes in scrotum  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal   Extremities No deformities, full ROM  Skin Clear, no significant lesions	Heart	No organic murmurs, reg	ular rhythm	
Genitalia Grossly normal   Male Circ / uncircumcised, testes in scrotum  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal  Extremities No deformities, full ROM  Skin Clear, no significant lesions	Lungs	Clear to auscultation bila	terally	
Male Circ / uncircumcised, testes in scrotum  Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal   Extremities No deformities, full ROM  Skin Clear, no significant lesions	Abdomen	Soft, no masses, liver &	spleen normal	
Female No lesions, normal external appearance  Hips Good abduction, leg lengths equal  Femoral pulses Present and equal   Extremities No deformities, full ROM  Skin Clear, no significant lesions	Genitalia	Grossly normal		
Hips Good abduction, leg lengths equal   Femoral pulses Present and equal   Extremities No deformities, full ROM   Skin Clear, no significant lesions	Male	Circ / uncircumcised, tes	tes in scrotum	
Femoral pulses Present and equal   Extremities No deformities, full ROM   Skin Clear, no significant lesions	Female	No lesions, normal extern	nal appearance	
Extremities No deformities, full ROM   Skin Clear, no significant lesions	Hips	Good abduction, leg leng	ths equal	
Skin Clear, no significant lesions	Femoral pulses	Present and equal		
•	Extremities	No deformities, full ROM		
Neurologic Alert, no gross sensory or motor deficit	Skin	Clear, no significant lesions		
	Neurologic	Alert, no gross sensory of	r motor deficit	

Comprehensive He	alth Assessmer	nt Form	Name:	DOB	: MR#:
Subjective / Objective			Anticipatory Guidanc  Health education preference		
			Diet, Nutrition & Exerc	cise	
			☐ Breastfeeding / formula	□ No cow's milk	□ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	☐ Signs of hunger
			Accident Prevention 8	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	☐ Childcare plan
Accessment			☐ Signs of maternal depression	☐ Choking hazards	□ Rolling
Assessment			□ Family support, social interaction & communication	☐ Storage of drugs / toxic chemicals	☐ Family spacing
			☐ Effects of passive smoking	☐ Matches / burns	☐ Sibling and family relationships
			☐ Skin cancer prevention	☐ Violence prevention, gun safety	□ Physical growth
			☐ Sleeping position	☐ Poison control phone number	□ Reaching for objects
			□ No bottle in bed	☐ Smoke detector	□ Bathing
			- □ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Minor illness care	☐ Drowning / pool fence	□ Teething
			Next Appointment	,	
Plan			☐ At 6 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			□ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals				T	
□ <u>WIC</u>	☐ Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
☐ Maternal Behavioral Health	□ Optometrist / Ophthalmologist	□ Pulmonologist	1		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency			
□ Other:		<u> </u>	Notes (include date, tir	me, signature, and titl	e on all entries)
Orders			☐ Member/parent refused th	ne following screening/orde	rs:
□ COVID 19 vaccine	□ Influenza vaccine	☐ CBC / Basic metabolic panel	-		
□ DTaP	□ IPV	□ Hct / Hgb	-		
☐ Hep B vaccine (if not up to date)	□ PCV	☐ PPD skin test ☐ QFT			
□ Hib	□ Rotavirus	☐ ECG ☐ COVID 19 test	-		
□ DTaP	□ IPV	☐ Iron-fortified formula ☐ Iron supplements			
□ Other:		- P.P	T L		3 to 4 Months Old - Page 2 of 2
			1		J W T MONING ON T age 2 01 2

Comprenensive me	ailii Assessiileiil	, i Oilli		
5 to 6 Months Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary Language				
Interpreter	□ Yes □ No	□ Refused		
Requested	Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3			
Cultural Needs (e.g., cult preference/restrictions, and h	nealthcare beliefs):	□ Unrei	markable	
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born in	☐ C-section S ☐ No ☐ Other: n Africa, Asia, Pacific	Islands: □ \	∕es □ No	
Chronic Problems/Sign  □ DM □ Dialysis □ Her  □ Liver Disease □ Seizure  □ Other:	art Disease □ HEP B □ es □ Uses DME □ ≥ 2	□ HEP C □ HI ! ER visits in 12 m	IV	
Current Medications/Vi	tamins:   See Medication	on List		
Interval History				
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran	every hou	urs	
Elimination	□ Normal □ Abnormal			
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
Sleep Position	□ Supine □ Prone	□ Side		
Fluoride Use	Drinks fluoridated water or	takes supplemen	nts: □Yes □No	
Fluoride Varnish	Applied to teeth within last	6 months:   Ye	s 🗆 No	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Other:				
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for socia☐ Changes in family since☐ Problems with housing, fo☐ Family stressors (menta	e last visit (move, jood, employment, tral illness, drugs, vi	ansportation	
Lives with	□ 1 Parent □ 2 Parer	nts □ Other:		

 $\ \square$  1 Parent  $\ \square$  2 Parents  $\ \square$  Other:

Name:	DOB: MR#:		IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Blood Lead Education (Start at 6 months)	□ H&P □ Other:			
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Maternal Depression	□ <u>EPDS</u> □ <u>PHQ-9</u> □ Other:			
Member Risk	□ SDOH □ PEARLS			
Assessment Psychosocial /	☐ H&P ☐ Other: ☐ SDOH ☐ PEARLS			
Behavioral	□ H&P □ Other:			
Tuberculosis	□ TB Risk Assessment			
Exposure	□ Other:	П		
Growth and Developm	nent			
☐ No head lag when pulled to sitting	☐ Sits briefly alone	□ Orients to be	ell	
☐ Bears weight on legs	□ Rolls both ways	□ Bangs small surface	objects on	
☐ Reaches for objects	☐ Gums objects	□ Babbles		
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	Symmetrical, A.F. open			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear			
Nose	Passages clear, MM pink			
Teeth	Present, grossly normal, No visible cavities			
Mouth / Gums	Pink, no bleeding/inflamr			
Neck	Supple, no masses, Thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Femoral pulses	Normal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	ons		
Neurologic	Alert, no gross sensory or motor deficit			

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective			Anticipatory Guidano Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Introduction to solids	□ Fortified Infant Cereals	☐ Start solid foods one at a time
			☐ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing infant car seat	□ Electrical outlet covers
Accessment			□ Routine dental care	☐ Choking hazards	□ Blocks
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Repetitive games
			☐ Fluoride vamish treatment	□ Matches / burns	□ Play with cloth book
			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Caution with strangers	☐ Poison control phone number	□ Bathing
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			☐ Signs of maternal depression	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 9 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)
Referrals			MA / Nurse	Title	Date
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist	Signature	Title	Duto
☐ Maternal Behavioral Health	☐ Dietician / Nutritionist	□ Pulmonologist	Provider Signature	Title	Date
□ Dentist	□ Regional Center	☐ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders			Notes (include date, ti	me, signature, and titl	e on all entries)
□ COVID 19 vaccine	□ IPV	☐ CBC / Basic metabolic panel	☐ Member/parent refused to		,
□ DTaP	□ PCV	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test □ QFT			
☐ Hep B vaccine	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
□ Hib	☐ Rx Fluoride drops / chewable tabs	☐ ECG ☐ COVID 19 test			
□ Influenza vaccine	(0.25 mg QD)  □ Fluoride varnish	□ Iron-fortified formula			
□ Other:	application				
			i i		

Comprenensive rie	aitii Assessiileiit	. 1 01111	
7 to 9 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary Language			
Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter:		
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3		
Cultural Needs (e.g., cult preference/restrictions, and h	nealthcare beliefs):	□ Unrei	markable
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:			
Current Medications/Vit	tamins: □ See Medicatio	n List	
Interval History			
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Feedings	□ Breastfed everyoz e □ Formulaoz e Formula Type or Bran	every hou	urs
Elimination	□ Normal □ Abnorma		
Has WIC	□ Yes □ No		
Sleep	□ Normal □ Abnorma	al	
Sleep Position	□ Supine □ Prone	□ Side	
Fluoride Use	Drinks fluoridated water or	takes supplemen	nts: □Yes □No
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s 🗆 No
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs
□ Other:			<u> </u>
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for socia □ Changes in family since □ Problems with housing, fo □ Family stressors (mental	e last visit (move, jood, employment, to	ransportation
Lives with	□ 1 Parent □ 2 Parer	nts   Other:	

Name:	DOB:	. M	MR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Blood Lead Education (At each Well Visit)	□ H&P □ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Developmental Disorder (At 9 months) Score:	□ ASQ-3 □ SWYC □ Other:			
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
<b>Growth and Developn</b>	nent			
☐ Sits without support	☐ Transfers object hand to hand	□ Looks for to	y dropped	
☐ Begins to crawl	□ Rolls over	□ Says "mama	a" or "dada"	
□ Pulls to stand	□ Feeds self, cracker	□ Scribbles		
<b>Physical Examination</b>			WNL	
General appearance	Well-nourished & developed No abuse/neglect eviden			
Head	Symmetrical, A.F. opencm			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs normal Appears to hear			
Nose	Passages clear, MM pink	k, no lesions		
Teeth	Present, grossly normal, No visible cavities			
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver & s	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction			
Femoral pulses	Normal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	ons		
Neurologic	Alert, no gross sensory of	r motor deficit		

Comprehensive He	alth Assessmen	t Form	Name:	DOB	
Subjective / Objective	Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			•	
			Diet, Nutrition & Exer	cise	
			☐ Introduction to meats & proteins	☐ Fortified Infant Cereals	☐ Mashed table food
			☐ Whole grains / iron-rich foods	□ Finger foods	☐ Start feeder cup
			☐ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			<b>Accident Prevention</b>	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	☐ Electrical outlet covers
Assessment			☐ Routine dental care	☐ Choking hazards	☐ Allow to feed self
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Understands "no" but not discipline
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Childcare plan	☐ Poison control phone number	☐ Decreased appetite
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 12 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIR
D. f I.			HEP B, Developmental D/O, etc.) are	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
Referrals		A 11 4 4	completed, dated, & reviewed by provider	plotted in WHO growth chart	, , , , , , , , , , , , , , , , , , , ,
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA / Nurse	T'(1)	D. C.
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	Signature	Title	Date
□ Other:			5 11 21 1		<b>.</b> .
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	☐ MMR (if high risk)	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ PCV (if not up to date)	□ Lipid panel (if high risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep B vaccine	□ Rotavirus Requires 2-3 doses, depends on manufacturer	□ PPD skin test □ QFT	☐ Member/parent refused the	ne following screening/orde	rs:
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
☐ Influenza vaccine	☐ Rx Fluoride drops /	□ ECG			
(Requires two doses by 2 years old)	chewable tabs (0.25 mg QD)	□ COVID 19 test			
□ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:			[		7 to 9 Months Old - Page 2 of 2

combiencisive ne	ailii Assessiiieiii	LIOIIII	
12 to 15 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	er 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□Refused :	
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No			
Chronic Problems/Sign			
☐ DM ☐ Dialysis ☐ Head ☐ Liver Disease ☐ Seizure		□ HEP C □ H FR visits in 12 n	
□ Other:			
Current Medications/Vi	tamins: □ See Medicatio	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No
Diet / Nutrition		foods   Other:	
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)	)	
Sleep		egression □Nigh	nttime fears
Vaccines Up to Date	□ Yes □ No	□ See CAIR	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected leath < 50 yrs
□ Anemia	□ Other:		
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for socia☐ Changes in family since☐ Problems with housing, f☐ Family stressors (mental	e last visit (move, j ood, employment, tr	ransportation
Lives with	☐ 1 Parent ☐ 2 Parei	nts □ Other:	

Name:	DOB:	. M	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P □ Other:		
Blood Lead Test Test at 12 months and Educate at each well visit	□ <u>Lead Assessment</u> □ H&P □ Other:		
Dental (cavities, no dental home)	□ H&P □ Other:		
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:		
Member Risk	□ SDOH □ PEARLS		
Assessment	□ H&P □ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:		
Tuberculosis	□ TB Risk Assessment	1	]
Exposure	□ Other:		
<b>Growth and Developm</b>	nent		
☐ Walks alone well	□ Three-word vocabulary	□ Stacks two-t	olock tower
☐ Stoops and recovers	□ Plays pat-a-cake	□ Says "mama	a" or "dada"
□ Takes lids off containers	□ Feeds self	□ Scribbles	
Physical Examination			WNL
General appearance	Well-nourished & developed No abuse/neglect eviden		
Head	Symmetrical, A.F. open _		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus	
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		

Clear, no significant lesions

Alert, no gross sensory or motor deficit

Skin

Neurologic

Comprehensive He	alth Assessmen	Form	Name:	DOB	
Subjective / Objective	9		Anticipatory Guidanc Health education preference	•	-
			Diet, Nutrition & Exerc	cise	
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	☐ Table food
			☐ Whole grains / iron-rich foods	☐ Encourage solids	☐ Using cup
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			Accident Prevention 8	& Guidance	
Assessment			☐ Lead poisoning prevention	☐ Rear facing toddler car seat	□ Feeding self
			☐ Routine dental care	☐ Choking hazards	□ Simple games
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Temper tantrum
			☐ Fluoride vamish treatment	☐ Matches / burns	□ Family play
			<ul> <li>☐ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
DI .			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
			Next Appointment		
			□ In 3 months	□ RTC PRN	□ Other:
			Documentation Remir	nders	
			□ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIR
Referrals			HEP B, etc.) are completed, dated, &	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	plotted in WHO growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		<u> </u>	
☐ CA Children's Services (CCS)	□ Regional Center	<ul> <li>□ Early Start or Local</li> <li>Education Agency</li> </ul>	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	□ CBC / Basic metabolic panel			
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)			
☐ Hep A vaccine (Requires one dose between 12 & 23 months)	□ PCV	☐ Lipid panel (if high risk)	Notes (include date, tir	me, signature, and title	e on all entries)
□ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	☐ Member/parent refused th	e following screening/orde	rs:
□ Hib	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Blood Lead (at 12 months)	□ ECG □ COVID 19 test			
□ IPV	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application			
□ Other:	( , %=)			1	2 to 15 Months Old - Page 2 of 2

combremensive rie	ailli Assessiiieiil	. I UIIII	
16 to 23 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	<ul><li>☐ Yes</li><li>☐ No</li><li>Name of Interpreter</li></ul>	□ Refused :	
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No			
Chronic Problems/Sign	ificant Conditions:   !!!	None □ See Pr	
☐ DM ☐ Dialysis ☐ Head ☐ Liver Disease ☐ Seizure		□ HEP C □ HI ER visits in 12 m	
□ Other:	_		
Current Medications/Vi	tamins:   See Medication	n List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No
Diet / Nutrition	□ Regular □ Iron-rich		
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)		
Sleep	□ Regular □ Sleep reg	ression   Night	ttime fears
Vaccines Up to Date			
	□ Yes □ No	□ See <u>CAIR</u>	
Family History	☐ Yes ☐ No ☐ Unremarkable	□ See <u>CAIR</u> □ Diabetes	
Family History  ☐ Heart disease / HTN	☐ Unremarkable ☐ Lives/lived with		
	□ Unremarkable	□ Diabetes □ Asthma □ Family Hx of	f unexpected eath < 50 yrs
□ Heart disease / HTN	☐ Unremarkable ☐ Lives/lived with someone HBV+	□ Diabetes □ Asthma □ Family Hx of	
□ Heart disease / HTN □ High cholesterol □ Anemia  Psychosocial /	☐ Unremarkable ☐ Lives/lived with someone HBV+ ☐ Cancer ☐ Other: ☐ Unremarkable for socia	☐ Diabetes ☐ Asthma ☐ Family Hx of or sudden d	eath < 50 yrs
☐ Heart disease / HTN ☐ High cholesterol ☐ Anemia	□ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ Unremarkable for socia □ Changes in family since	□ Diabetes □ Asthma □ Family Hx of or sudden d I drivers of health e last visit (move, j	eath < 50 yrs  ob, death)
□ Heart disease / HTN □ High cholesterol □ Anemia  Psychosocial / Behavioral	☐ Unremarkable ☐ Lives/lived with someone HBV+ ☐ Cancer ☐ Other: ☐ Unremarkable for socia	□ Diabetes □ Asthma □ Family Hx of or sudden d I drivers of health e last visit (move, jood, employment, tr	ob, death)

	Name:	DOB:	MR#:
--	-------	------	------

Name:	DOR:	. IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P □ Other:		
Autism Disorder (At 18 months) Score:	□ <u>SWYC</u> □ <u>M-CHAT</u> □ Other:		
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> ☐ H&P☐ Other:		
Dental (cavities, no dental home)	□ H&P □ Other:		
Developmental Disorder (At 18 months) Score:	□ ASQ-3 □ SWYC □ Other:		
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:		
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Growth and Developm	nent		
□ Walks alone fast	☐ 7 to 20-word vocabulary	□ Stacks three	-block tower
□ Climbs	□ Names 5 body parts	□ Says "mama" or "dada"	
☐ Kicks a ball	☐ Indicates wants by pointing and pulling	☐ Sips from cup, a little spillage	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open _	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities & gros	ssly normal	
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exteri	nal appearance	
Hips	Good abduction, leg leng	th equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	r motor deficit	

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			Diet, Nutrition & Exer	cise	
			□ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	□ Caloric balance
			☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
			<ul><li>☐ Physical activity / exercise</li></ul>	□ Regular balanced meal with snacks	□ No bottles
			<b>Accident Prevention</b>	& Guidance	
Assessment			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing toddler car seat	□ Independence
			☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	□ Matches / burns	□ Reading together
			<ul> <li>☐ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Mindful of daily movements
Plan			☐ Caution with strangers	☐ Poison control phone number	□ Parallel peer play
Fidii			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
			Next Appointment		
			☐ At 2 years old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIF
Referrals			Autism, Developmental D/O, HEP B, etc.) are	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	completed, dated, & reviewed by provider	plotted in WHO growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	□ Lipid panel (if high risk)	Notes (include date, ti	me signature and titl	e on all entries)
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT	☐ Member/parent refused to		,
☐ Hib (if not up to date)	□ Blood Lead	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
☐ IPV (if not up to date)	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ Fluoride varnish application			
□ Other:	(* * ··· <b>3</b> ==/				

2 Years Old	Actual Age:		Date:	
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary Language				
Interpreter	□ Yes		□ Refused	
Requested Intake	Name of Inte			Name .
	(See CDC Growth	n Chart)	Vital S	oigns
Allergies / Reaction			Temp	
Height			Pulse	
Weight			Resp	
BMI Value			BMI %	
Pain	Location: Scale: 0 1	2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cult preference/restrictions, and h				markable
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vi	tamins: □ See	Medicatio	n List	
Interval History				
Dental Home	Dental visit withir Drinks fluoridated Fluoride varnish	d water or	takes supplemen	nts: □Yes □No
Diet / Nutrition	□ Regular □	Iron-rich	foods   Other:	
Appetite	□ Good □	Fair	□ Poor	
Elimination	□ Normal □	Abnorm	al	
Has WIC	□ Yes □	No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)			
Sleep Pattern	□ Regular □	Sleep reg	ression   Night	time fears
Vaccines Up to Date	□ Yes □	No No	□ See <u>CAIR</u>	
Family History	□ Unremarkab	le	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived w	-	□ Asthma	
☐ High cholesterol	□ Cancer		☐ Family Hx of or sudden d	funexpected eath < 50 yrs
□ Anemia	□ Other:			

Name:	DOB	: N	/IR#:	
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment, transportation □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Pare	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Anemia	□ H&P □ Other:			
Autism Disorder	□ <u>SWYC</u> □ <u>M-CHAT</u> □ Other:			
Blood Lead Test Test at 24 months and Educate at each well visit	□ <u>Lead Assessment</u> □ H&P □ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Developmental Disorder Score:	□ ASQ-3 □ SWYC □ Other:			
Dyslipidemia	□ H&P □ Other:			
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Develop	ment			
☐ Runs well, walks up and down	☐ Identifies 5 body parts	☐ Helps around the house		
☐ Jumps off the ground with both feet	☐ Plays hide and seek	□ Stacks three	e-block tower	
☐ Puts 2 or more words together	☐ Kicks and throws a ball	☐ Handles sp		
☐ 7 to 20-word vocabulary	□ Name at least 1 color	□ Puts on sim	ple clothes	
Physical Examination	i		WNL	
General appearance	Well-nourished & develo No abuse/neglect evider			
Head	Symmetrical, A.F. closed	İ		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear	al		
Nose	Passages clear, MM pinl	k, no lesions		
Teeth	No visible cavities, gross	ly normal		
Mouth / Gums	Pink, no bleeding/inflam	mation/lesions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses	i		
Heart	No organic murmurs, reg	gular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			

Comprehensive He	aith Assessmen	t Form		ame:	DOI
Male	Circ / uncircumcised, tes	stes in scrotum		Anticipatory Guidano Health education preference	•
Female	No lesions, normal external appearance			Diet, Nutrition & Exer	
Hips	Good abduction			□ Weight control / obesity	□ Vegetables, fruits
Femoral pulses	Normal			□ Whole grains / iron-rich	☐ Switch to low-fat
Extremities	No deformities, full ROM	1		foods  ☐ Physical activity /	milk   Regular balanced
Lymph nodes	Not enlarged			exercise Accident Prevention	meal with snacks
Back	No scoliosis			□ Lead poisoning	Seat belt / Toddler
Skin	Clear, no significant lesion	ons		prevention	car seat
Neurologic	Alert, no gross sensory of	or motor deficit		□ Routine dental care	□ Safety helmet
Subjective / Objective	)			□ Brush teeth with fluoride toothpaste	<ul> <li>Storage of drugs / toxic chemicals</li> </ul>
			1	☐ Fluoride varnish treatment	☐ Matches / burns
				☐ Family support, social interaction & communication	☐ Violence prevention gun safety
Assessment Assessment				□ Caution with strangers	□ Poison control phone number
				□ Skin cancer prevention	□ Smoke detector
				□ Falls	☐ Hot water temp
			!	□ Effects of passive smoking	☐ Drowning / pool fence
Plan				Next Appointment	
				☐ At 30 months old	□ RTC PRN
				Documentation Remi	nders
Referrals				□ Screening tools (TB, Autism, Developmental D/O, HEP B, etc.) are completed, dated, &	☐ Height / Weight / BM measurements plotted in CDC growth chart
□ <u>WIC</u>	□ Optometrist /	☐ Audiologist		reviewed by provider	growth chart
	Ophthalmologist			MA / Nurse	
□ Dentist	<ul><li>□ Dietician / Nutritionist</li></ul>	□ Pulmonologist		Signature	Title
<ul><li>□ CA Children's Services (CCS)</li></ul>	□ Regional Center	□ Early Start or Local Education Agency			
□ Other:				Provider Signature	Title
Orders					
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic meta	bolic		
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high i		Notes (include date, ti	me signature and t
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high	risk)	☐ Member/parent refused the	
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	☐ PPD skin test		•	
☐ Hib (if not up to date)	☐ Blood Lead (at 2	□ CXR			
□ Influenza vaccine	yrs old)  ☐ Hep B Panel (if	<ul><li>□ Urinalysis</li><li>□ ECG</li></ul>			
	high risk)	□ COVID 19 test			

□ Rx Fluoride drops /
chewable tabs
(0.25 mg QD)

☐ Fluoride varnish application

☐ IPV (if not up to date)

 $\ \square$  Other:

Die4 N.,4wi4!a.a 0 F	e:   Verbal   Visual   Mu	
Diet, Nutrition & Exer	1	
☐ Weight control / obesity	□ Vegetables, fruits	☐ Caloric balance
☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
<ul><li>□ Physical activity / exercise</li></ul>	☐ Regular balanced meal with snacks	□ No bottles
Accident Prevention 8	& Guidance	
□ Lead poisoning prevention	☐ Seat belt / Toddler car seat	□ Independence
☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
☐ Fluoride vamish treatment	☐ Matches / burns	□ Reading together
<ul> <li>□ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Mindful of daily movements
☐ Caution with strangers	☐ Poison control phone number	□ Parallel peer play
☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
□ Falls	☐ Hot water temp < 120° F	□ Bedtime
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / trainin
Next Appointment		
☐ At 30 months old	□ RTC PRN	□ Other:
Documentation Remin  ☐ Screening tools (TB, Autism, Developmental	nders  □ Height / Weight / BMI measurements	□ Vaccines entered in CA
D/O, HEP B, etc.) are completed, dated, & reviewed by provider	plotted in CDC growth chart	publication dates, etc.)
MA / Nurse		_
III/A / IAUI SC	Title	Date
Signature		
Signature		
Signature Provider Signature	Title	Date
•	Title	Date
•	Title	Date
•	Title	Date
Provider Signature		
•	me, signature, and title	e on all entries)
Provider Signature  Notes (include date, til	me, signature, and title	e on all entries)
Provider Signature  Notes (include date, til	me, signature, and title	e on all entries)
Provider Signature  Notes (include date, til	me, signature, and title	e on all entries)

MR#:

30 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary			
Language Interpreter	☐ Yes ☐ No ☐ Refused		
Requested	Name of Interpreter		
Intake	(See CDC Growth Chart)	Vital Signs	
Allergies / Reaction		Temp	
Height		Pulse	
Weight		Resp	
BMI Value		BMI %	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	
Cultural Needs (e.g., cult preference/restrictions, and h		religious practices, dietary  □ Unremarkable	
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:			
Current Medications/Vi	tamins: □ See Medicatio	n List	
Interval History			
Dental Home		months: □ Yes □ No takes supplements: □Yes □No last 6 months: □Yes □ No	
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/wee) ☐ Active (> 60 min/day)		
Sleep Pattern	□ Regular □ Sleep reg	ression   Night time fears	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
□ Anemia	□ Other:		

Name:	DOB	: IV	IR#:		
Psychosocial / Behavioral	☐ Unremarkable for social drivers of health ☐ Changes in family since last visit (move, job, death)				
Social Drivers of Health (SDOH)	<ul> <li>□ Problems with housing, food, employment, transportation</li> <li>□ Family stressors (mental illness, drugs, violence/abuse)</li> </ul>				
Lives with	□ 1 Parent □ 2 Parents □ Other:				
AAP Risk Screener	Screening Tools Used Low Risk		High Risk (see Plan/ Orders/AG)		
Anemia	□ H&P □ Other:				
Blood Lead Education (At each Well Visit)	☐ Lead Assessment☐ H&P☐ Other:				
Dental (cavities, no dental home)	□ H&P □ Other:				
Developmental Disorder Score:	□ ASQ-3 □ SWYC □ Other:				
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:				
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:				
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:				
Growth and Developm	nent				
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dre	ssing		
☐ Uses 3-word sentences	☐ Goes up stairs ☐ Draws a single circle alternating feet		gle circle		
☐ Plays with other children	☐ Knows age, sex, ☐ Cuts with scissors first, & last name				
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect eviden				
Head	Symmetrical, A.F. closed	I			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see				
Ears	Canals clear, TMs normal Appears to hear	al			
Nose	Passages clear, MM pink	k, no lesions			
Teeth	No visible cavities, gross	ly normal			
Mouth / Gums	Pink, no bleeding/inflamr	mation/lesions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses				
Heart	No organic murmurs, reg	jular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	spleen normal			
Genitalia	Grossly normal				
Male	Circ / uncircumcised, tes	tes in scrotum			
Female	No lesions, normal extern	nal appearance			
Hips	Good abduction				
Femoral pulses	Normal				
Extremities	No deformities, full ROM				

Comprehensive He	alth Assessmen	Form	Name:	DOB	: MR#:
Skin	Clear, no significant lesion	ons $\square$	Anticipatory Guidano Health education preference	•	•
Neurologic	Alert, no gross sensory	or motor deficit	Diet, Nutrition & Exer		ulumedia 🗆 Other.
Subjective / Objective	)		□ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
			□ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
			☐ Physical activity / exercise	☐ Regular balanced meal with snacks	□ No bottles
			Accident Prevention		
			☐ <u>Lead poisoning</u> <u>prevention</u>	☐ Seat belt /Toddler car seat	□ Independence
			☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	□ Matches / burns	☐ Reading together / school readiness
			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, 8 phone number
			☐ Caution with strangers	□ Poison control phone number	☐ Plays with other children
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	□ Drowning / pool fence	☐ Toileting habits
			Next Appointment		
			☐ At 3 years old	□ RTC PRN	□ Other:
			Documentation Remi		
Referrals			☐ Screening tools (TB, Developmental D/O,	☐ Height / Weight / BMI measurements	□ Vaccines entered in CAI (manufacturer, lot #, VIS
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	HEP B, etc.) are completed, dated, & reviewed by provider	plotted in CDC growth chart	publication dates, etc.)
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	,,		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	MA / Nurse	Title	Date
□ Other:			Signature		
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic metabolic panel			
□ DTaP	□ PPSV	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high risk)			
☐ Hep B vaccine (if not up	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test	Notes (include date, ti		,
to date)	□ Dlood Lood (if not	□ QFT	☐ Member/parent refused t	he following screening/orde	rs:
□ IPV	□ Blood Lead (if not in chart)	<ul><li>□ CXR</li><li>□ Urinalysis</li></ul>			
□ Influenza vaccine	☐ Hep B Panel (if	□ ECG	<b> </b>		
	high risk)	□ COVID 19 test			
☐ Meningococcal (if high risk)	<ul> <li>□ Rx Fluoride drops / chewable tabs (0.25 mg QD)</li> </ul>	☐ Fluoride varnish application			

□ Other:

3 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter		
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening (if able)	☐ Responded at ≤ 20 dB 500-4000 frequencies		□ Non coop
Vision Screening	OD: OS:		□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h		• .	es, dietary markable
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List  □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV  □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months  □ Other:			
Current Medications/Vi	tamins: □ See Medicatio	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts:□Yes □No
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/weel) ☐ Active (> 60 min/day)		
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	Enuresis
Vaccines I In to Date	□ Vac □ No	□ See CAID	

Name:	DOR:	: IV	IK#:	
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation ☐ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parents □ Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Anemia	□ H&P □ Other:			
Blood Lead Education (At each Well Visit)	☐ Lead Assessment☐ H&P☐ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:			
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Developm	nent			
☐ Balances on each foot,  1 second	□ Eats independently	dently		
☐ Uses 3-word sentences	☐ Goes up stairs ☐ Draws a single circle alternating feet			
<ul><li>☐ Plays with several children</li></ul>	☐ Knows age, sex, first, & last name	☐ Cuts with scissors		
Physical Examination			WNL	
General appearance	Well-nourished & developed No abuse/neglect eviden			
Head	Symmetrical, A.F. closed	l		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear	al		
Nose	Passages clear, MM pink	k, no lesions		
Teeth	No visible cavities, gross	ly normal		
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	•		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver & s	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
Female	No lesions, normal exter	nal appearance	Anticipatory Guidano Health education preference	• •	•
Hips	Good abduction		Diet, Nutrition & Exer		
Femoral pulses	Normal		□ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Extremities	No deformities, full ROM	l	☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesion	ons	□ Physical activity /	☐ Regular balanced	☐ School lunch program
Neurologic	Alert, no gross sensory	or motor deficit	exercise Accident Prevention	meal with snacks  & Guidance	
Subjective / Objective	e		□ Lead poisoning	□ Seat belt /Toddler	□ Independence
			prevention	car seat	'
			☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	□ Matches / burns	□ Reading together / schoo readiness
Assessment			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
			☐ Caution with strangers	☐ Poison control phone number	☐ Plays with other children
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
			Next Appointment		
			☐ At 4 years old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, etc.) are	☐ Height / Weight / BMI measurements	□ Vaccines entered in CAIF (manufacturer, lot #, VIS
Defermele			completed, dated, &	plotted in CDC	publication dates, etc.)
Referrals	= Oalessatist/	— A called a sile t	reviewed by provider	growth chart	
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	MA / Nurse	Tialo	Dete
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	Signature	Title	Date
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	Danida Cianatan	T:41 -	D-4-
□ Other:		Education Agency	Provider Signature	Title	Date
Orders					
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic metabolic panel			
□ DTaP	□ PPSV	☐ Hct / Hgb (if high risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high risk)	☐ Member/parent refused t	he following screening/orde	rs:
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test			
□ IPV	☐ Blood Lead (if not	□ CXR			
	in chart)	□ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG			
☐ Meningococcal (if high	☐ Rx Fluoride drops /	☐ COVID 19 test☐ Fluoride varnish			
J ( J ·			i i		

risk)

 $\square$  Other:

chewable tabs

(0.25 mg/0.50 mg QD)

application

3 Years Old- Page 2 of 2

4 to 5 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter	· -	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at ≤ 20 dE 500-4000 frequencies		□ Non coop
Vision Screening	OD: OS:		☐ Non coop
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):			
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No  Chronic Problems/Significant Conditions: □ None □ See Problem List □ Asthma □ Cancer □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ HTN □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:			
Current Medications/Vi	tamins: □ See Medicatio	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No
Diet / Nutrition		foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
Elimination	□ Normal □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (> 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain		
Sleep Pattern	_		Enuresis
Vaccines Un to Date	□ Yes □ No	□ See CAIR	

Name:	DOR	: IV	IR#:	
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation ☐ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parents □ Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Anemia	□ H&P □ Other:			
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> ☐ H&P☐ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Dyslipidemia	□ H&P □ Other:			
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Member Risk	□ SDOH □ PEARLS			
Assessment Psychosocial / Behavioral	☐ H&P ☐ Other: ☐ <u>SDOH</u> ☐ <u>PEARLS</u> ☐ H&P ☐ Other:			
Tuberculosis	☐ TB Risk Assessment			
Exposure	□ Other:			
Growth and Developr	ı			
☐ Hops on one foot	☐ Counts four pennies ☐ Copies a square			
☐ Catches, throws a ball	☐ Knows opposites	☐ Knows opposites ☐ Recognizes 3-4 colors		
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayo finger and t		
Physical Examination	1		WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	Symmetrical			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	sclerae clear strabismus		
Ears	Canals clear, TMs norma Appears to hear	al		
Nose	Passages clear, MM pink	k, no lesions		
Teeth	No visible cavities, gross	ly normal		
Mouth / Gums	Pink, no bleeding/inflamr	mation/lesions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	jular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			

Comprehensive He			Name:	DOB		
Male	Circ / uncircumcised, tes	tes in scrotum		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:		
Female	No lesions, normal exter	nal appearance	Diet, Nutrition & E			
Hips	Good abduction		□ Weight control / obes	ity  □ Vegetables, fruits	☐ Meal socialization	
Femoral pulses	Normal		□ Whole grains / iron-ri	ch	☐ Limit candy, chips & ice cream	
Extremities	No deformities, full ROM		□ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ School lunch program	
Skin	Clear, no significant lesion	ons	Accident Prevention		<u> </u>	
Neurologic	Alert, no gross sensory of	or motor deficit	□ <u>Lead poisoning</u>	□ Seat belt	□ Independence	
Subjective / Objective	e		prevention  ☐ Routine dental care	□ Safety helmet	☐ Make-believe / role play	
				,		
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self	
			☐ Fluoride vamish treatment	☐ Matches / burns	□ Reading together / school readiness	
			□ Family support, social interaction & communication	□ Violence prevention, gun safety	☐ Knows name, address, & phone number	
Assessment			□ Caution with stranger	Poison control	□ Plays with other children	
			□ Skin cancer prevention		□ Limit screen time	
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime	
			□ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits	
Plan			Next Appointment	t		
			□ 1 year	□ RTC PRN	□ Other:	
			Documentation Re	eminders	l e	
			□ Screening tools (TB, HEP B, etc.) are completed, dated, &	☐ Height / Weight / BMI measurements plotted in CDC	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	
Referrals			reviewed by provider	growth chart		
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist				
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA / Nurse Signature	Title	Date	
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency				
□ Other:		<u>, , , , , , , , , , , , , , , , , , , </u>	Provider Signatur	e Title	Date	
Orders						
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic metabol				
□ DTaP	□ PCV13 (if not up to date)	☐ Hct / Hgb (if high risk	Notes (include date	e, time, signature, and titl	e on all entries)	
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high ris	□ Member/parent refus	ed the following screening/orde	ers:	
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test				
□ IPV	□ Blood Lead (if not	□ CXR				
	in chart)	☐ Urinalysis at 5 years				
☐ Influenza vaccine	☐ Hep B Panel (if	□ ECG				

high risk)

□ Rx Fluoride drops /

chewable tabs (0.25 mg/0.50 mg QD)

☐ Meningococcal (if high

risk)

 $\hfill\Box$  Other:

□ COVID 19 test

 $\hfill\Box$  Fluoride varnish

application

4 to 5 Years Old - Page 2 of 2

combiencisive ne	aitii Assessiiieiit	. I OIIII		
6 to 8 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent □ Other:			
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See CDC Growth Chart)	Vital S	Signs	
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 20 dE 500-4000 frequencies		□ Non coop	
Vision Screening	OD: OS:		□ Non coop	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Country of Birth: □ US At least 1 parent born in Afric		Yes □ No		
Chronic Problems/Significant Conditions: □ None □ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ HTN □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months				
□ Other:  Current Medications/Vitamins: □ See Medication List				
Interval History				
<u> </u>	Dental visit within past 12	months: □ Yes □	□ No	
Dental Home	Drinks fluoridated water or takes supplements: □Yes □No			
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:			
Appetite	□ Good □ Fair	□ Poor		
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain			
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	Enuresis	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Anemia	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, transportation     □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parents □ Other:			

		112.1.15
Name:	DOB:	MR#:

Name. DOD. WIK#.			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P □ Other:		
Dental (cavities, no dental home)	□ H&P □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:		
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:		
Tuberculosis	☐ TB Risk Assessment		
Exposure  Growth and Developm	□ Other: nent / School Progre	ess Grade:	
□ Rides bicycle	☐ Knows right from	□ Reads for pl	
	left		easule
☐ Ties shoelaces	<ul> <li>□ Draws person with 6 parts including clothing</li> </ul>	□ Tells time	
☐ Rules and consequences	□ Independence	☐ Prints first na	ame
Physical Examination	ı		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
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 / Gums	Pink, no bleeding/inflamr	nation/lesions	
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & spleen normal		
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal external appearance		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesions		
Neurologic	Alert, no gross sensory of	r motor deficit	
Subjective / Objective			

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
			Anticipatory Guidance Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Assessment			□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Assessment			<b>Accident Prevention</b>	& Guidance	
			□ Routine dental care	☐ Use of social media	□ Peer pressure
			☐ <u>Lead Poisoning</u> <u>Prevention</u>	☐ Avoid risk-taking behavior	□ Independence
			☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
			☐ Mental health (emotional support)	<ul> <li>□ Non-violent conflict resolution</li> </ul>	☐ Physical growth
			□ Form caring & supportive relationships with family & peers	<ul><li>□ Safety helmet</li><li>□ Seat belt</li></ul>	☐ Daily mindful movements
			☐ Early Sex education	□ Limit screen time	□ Puberty
Plan			☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	□ Bedtime
			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAII (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
Referrals					
□ Dentist	<ul><li>□ Optometrist / Ophthalmologist</li></ul>	☐ Audiologist	Provider Signature	Title	Date
□ Dietician / Nutritionist	□ Regional Center	□ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders			Notes (include date, ti	me. signature. and titl	e on all entries)
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	□ CBC / Basic metabolic panel	☐ Member/parent refused t		,
□ DTaP (if not up to date)	☐ MMR (if not up to date)	□ Hct / Hgb (if high risk)			
☐ Hep A (if not up to date)	□ Tdap ( <u>&gt;</u> 7 yrs)	□ Lipid panel (if high risk)			
☐ Hep B (if not up to date)	□ Varicella (if not up to date)	□ PPD skin test (if high risk) □ QFT (if high risk)			
☐ IPV (if not up to date)	☐ Blood Lead (if high risk)	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
□ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	□ Other:				
			Ī		

Comprehensive Health Assessment Form 9 to 12 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied By □ Self □ Parent □ Other: **Primary Language** Interpreter □ Yes  $\square$  No  $\quad \ \Box \ \, \text{Refused}$ Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp Weight BP **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain <u>0 1 2 3 4 5 6</u> 7 8 9 10 □ 9-10 Yrs Old: Responded at ≤ 20 dB at 500-4000 frequencies in both ears Hearing Screening □ Non coop □ >11 Yrs Old: Responded at < 20 dB at 500-8000 frequencies in both ears Vision Screening ☐ Non coop 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 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: Current Medications/Vitamins: 
☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: ☐Yes ☐No □ Regular □ Low calorie  $\square$  ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Fair  $\square$  Good □ Poor □ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) Physical Activity  $\square$  Active ( $\ge$  60 min/day)  $\square$  Fainting  $\square$  Sudden seizures  $\square$  SOB  $\square$  Chest pain Sleep Pattern □ Regular □ Fatigue □ Snoring □ Enuresis Vaccines Up to Date □ Yes □ No ☐ See CAIR Sexually active □ Yes □ No □ Multiple Partners □ MSM

□ Other:

□ Menorrhagia

□ Alcohol

□ Other:

 $\quad \Box \ \ Condoms$ 

□ None

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

Contraceptive Used

LMP (females):

**Current Alcohol /** 

Substance Use ☐ Drugs (specify):

Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, transportation     □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Pare	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Alcohol Misuse Score: (Starting at 11 yrs old)	□ <u>CRAFFT</u> □ Other:			
Anemia	□ H&P □ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Depression Score:(Starting at 12 yrs old)	□ <u>PHQ-9A</u> □ Other:			
Drug Misuse Score: (Starting at 11 years old)	□ <u>CRAFFT</u> □ Other:			
Dyslipidemia	□ H&P □ Other:			
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:			
HIV (Starting at 11 yrs old)	□ H&P □ Other:			
Member Risk Assessment	□ PEARLS □ PEARLS-12&UP □ SDOH □ H&P □ Other:			
Psychosocial / Behavioral	□ PEARLS □ PEARLS-12&UP □ SDOH □ H&P □ Other:			
Sexually Transmitted Infections (Starting at 11 yrs old)	□ SHA □ H&P □ Other:			
Sudden Cardiac Arrest (Start at 11 yrs old)	□ <u>SCD</u> □ H&P □ Other:			
Suicide (Starting at 12 yrs old)	□ ASQ □ PHQ-9A □ Other:			
Tobacco Use / Exposure	☐ SHA ☐ CRAFFT☐ H&P, ☐ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Develop	I.	SS Grade:		
☐ School achievement	□ Performs chores	□ Plays / lister	ns to music	
☐ School attendance	☐ Exhibit compassion & empathy	☐ Reads for pleasure		
☐ Cause and effect are understood	☐ Participates in organized sports / social activities	□ Demonstrate social & emotional competence (including self-regulation)		
☐ Caring & supportive relationships with family & peers	☐ Adheres to predetermined rules	☐ Knows right from left		

DOB:

Name:

MR#:

Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pink	x, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions	
Neck	Supple, no masses, thyro enlarged	oid not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III	IV V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory or motor deficit $\hfill\Box$		
Subjective / Objective			
Assessment			
Plan			
Referrals			
□ Dentist	□ Optometrist /	□ Dietician / Nut	ritionist
☐ Drug / ETOH Tx rehab	Ophthalmologist   Behavioral health	□ Tobacco cessa	ation class
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or I Education Age	
□ OB/GYN:	□ Other:		
Orders			
□ COVID 19 vaccine	□ Tdap	□ CBC/Basic met	abolic panel
☐ Hep B vaccine (if not given previously)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yea menstruating)	•
□HPV vaccine (if not up to date – requires 2-3 doses between 9-12 yrs)	☐ Hep B Panel (if not up to date)	☐ Lipid panel (or between 9-11	nce
□ Influenza vaccine	□ Chlamydia	□ PPD skin test	
	☐ Gonorrhea	□ QFT	

Name:	DOB	: MR#:			
☐ Meningococcal vaccine	☐ HIV (if high risk)	□ CXR			
(11 to 12 yrs)	☐ Herpes	□ Urinalysis			
☐ MMR (if not up to date)	□ Syphilis	□ ECG			
- B El :1 1 /	□ Trichomonas	□ COVID 19 test			
□ Rx Fluoride drops / chewable tabs	□ Other:				
(0.50 mg/1.0 mg QD)					
Anticipatory Guidance	e (AG) / Education (	√ if discussed)			
Health education preference					
Diet, Nutrition & Exer	cise				
☐ 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 8	•				
□ Alcohol/drug/substance	□ Social media use	□ Peer pressure			
misuse counseling	- Coolai Media doc	- 1 cor procedure			
☐ Signs of depression (suicidal ideation)	□ Avoid risk-taking behavior	□ Independence			
<ul><li>☐ Mental health (emotional support)</li></ul>	☐ Gun safety	□ Personal development			
☐ Form caring &	□ Non-violent conflict	□ Physical growth			
supportive relationships with family & peers	resolution				
☐ Early Sex education /	☐ Safety helmet	☐ Mindful of daily			
Safe sex practices		movements			
☐ Skin cancer prevention	☐ Seat belt	□ Puberty			
☐ Smoking/vaping use/exposure	□ Routine dental care	□ Bedtime			
Tobacco Use / Cessation Exposed to 2 <sup>nd</sup> hand smoke ☐ Yes ☐ No					
□ Never smoked or used tol	•				
		moked/day Quit date			
☐ Current smoker: # Yrs sm Type used: ☐ Cigarettes ☐	-	•			
☐ Advised to quit smoking	☐ Discussed smoking	☐ Discussed smoking			
- Advised to quit smoking	cessation medication				
Next Appointment					
□ 1 year	☐ RTC PRN	□ Other:			
Documentation Remir	nders				
☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR			
Depression/Suicide,	measurements	(manufacturer, lot #, VIS			
HEP B, etc.) are	plotted in CDC	publication dates, etc.)			
completed, dated, &	growth chart				
reviewed by provider					
MA / Nurse					
Signature	Title	Date			
Provider Signature	Title	Date			
Notes (include date, time, signature, and title on all entries)					
·					
☐ Member/parent refused the following screening/orders:					

9 to 12 Years Old - Page 2 of 2

13 to 16 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See CDC Growth Chart)	Vital S	Signs	
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 20 dE 500-8000 frequencies		□ Non coop	
Vision Screening	OD: OS:		□ Non coop	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Country of Birth: □ US				
Chronic Problems/Sign  Asthma Cancer  HEP B HEP C H  Seizures STI U  Other:	B □ HEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease res □ STI □ Uses DME □ ≥ 2 ER visits in 12 months			
Current Medications/Vitamins: □ See Medication List				
Interval History				
Dental Home	Dental visit within past 12 Drinks fluoridated water or	takes suppleme		
Diet / Nutrition	☐ Regular ☐ Lo☐ Iron-rich foods ☐ Ot		ADA	
Appetite	□ Good □ Fa		Poor	
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Sexually Active	□ Yes □ No □ Multi	ple Partners □	MSM	
Contraceptive Used	□ None □ Cond	doms 🗆	Other:	
LMP (females):		☐ Menorrhagia	<u> </u>	
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	☐ IV Drugs-Current☐ IV Drugs-Past Hx	□ Other:		

Name:	DOB	B: MR#:		
Family History	☐ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:	•		
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, transportation     □ Family stressors (mental illness, drugs, violence/abus)			
Lives with	□ 1 Parent □ 2 Pare	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Alcohol Misuse	□ <u>CRAFFT</u> □ Other:			
Anemia	□ H&P □ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Depression Score:	□ PHQ-9A □ Other:			
Drug Misuse	□ <u>CRAFFT</u> □ Other:			
Dyslipidemia	☐ H&P ☐ Other:			
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:			
HIV (Test at least once starting at 15 yrs old)	☐ H&P ☐ Other:			
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:			
Psychosocial / Behavioral	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P ☐ Other:			
Sexually Transmitted Infections	□ SHA □ H&P □ Other:			
Sudden Cardiac Arrest	□ <u>SCD</u> □ H&P □ Other:			
Suicide	□ ASQ □ PHQ-9A □ Other:			
Tobacco Use / Exposure	□ SHA □ CRAFFT □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Develop		ess Grade: _		
□ School achievement	□ Performs chores	□ Plays / lister	ns to music	
□ School attendance	☐ Leams new skills	□ Reads		
☐ Understands parental limits & consequences for unacceptable behavior	☐ Participates in organized sports / social activities	☐ Uses both hands independently		
☐ Ability to get along with peers	☐ Learns from mistakes & failures, tries again	☐ Preoccupation with rapid body changes		
Physical Examination			WNL	
General appearance	Well-nourished & develo			
Head	No lesions			
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal			

Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pir		
Teeth	No visible cavities, gros		
Mouth / Gums	Pink, no bleeding/inflam	mation/lesions	
Neck	Supple, no masses, thy enlarged	roid not	
Chest/Breast (females)	Symmetrical, no masse Tanner stage: I II III		
Heart	No organic murmurs, re	gular rhythm	
Lungs	Clear to auscultation bil	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, te	stes in scrotum	
Female	No lesions, normal exte	rnal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM	И	
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	<ul><li>☐ Optometrist / Ophthalmologist</li></ul>	□ Dietician / Nuti	ritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessa	ation class
<ul><li>□ CA Children's Services (CCS)</li></ul>	□ Regional Center	□ Early Start or I Education Age	
□ OB/GYN:	□ Other:		•
Orders			
□ COVID 19 vaccine	□ Tdap	□ CBC / Basic m	etabolic
☐ Hep B vaccine (if not up to date)	□ Varicella (if not up to date)	☐ Hct / Hgb (yea menstruating)	rly if
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	□ Lipid panel (if l	high risk)
☐ Influenza vaccine	☐ Chlamydia	□ PPD skin test	
- IIIIdoniza vaccino	□ Gonorrhea	□ QFT	

☐ HIV (if high risk)

□ Herpes

 $\quad \Box \ \, \mathsf{Syphilis}$ 

 $\square$  Other:

 $\ \ \square \ \ Trichomonas$ 

 $\; \Box \; \mathsf{CXR}$ 

 $\quad \square \; \mathsf{ECG}$ 

□ Urinalysis

□ COVID 19 test

☐ Meningococcal vaccine (if not up to date)

☐ MMR (if not up to date)

□ Rx Fluoride drops /

chewable tabs (0.50 mg/1.0 mg QD)

Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:					
Diet, Nutrition & Exerc					
□ 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	□ Social Media Use	☐ Goals in life			
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	□ Independence			
☐ Mental health (emotional support)	☐ Gun safety	□ Personal development			
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans			
□ Sex education (partner selection)	□ Safety helmet	□ Family support, social interaction & communication			
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Mindful of daily movements			
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	□ Physical growth			
☐ Smoking/vaping use/exposure	☐ Routine dental care	□ Sexuality			
☐ Current smoker: # Yrs sm	□ 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 □ Discussed smoking				
Next Appointment	cessation medication	cessation strategies			
□ 1 year	□ RTC PRN	□ Other:			
Documentation Remir	nders				
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
MA / Nurse	Title	Date			
Signature					
Provider Signature Title Date					
Notes (include date, time, signature, and title on all entries)					
□ Member/parent refused the following screening/orders:					

DOB:

Name:

MR#:

17 to 20 Years	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See CDC Growth Chart)	Vital S	Signs	
Height		Temp		
Weight  □ Significant loss/gain:lbs		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 20 dE 500-8000 frequencies		□ Non coop	
Vision Screening	OD: OS:		□ Non coop	
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):				
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 Starting at 18 years old			
Chronic Problems/Sign  Asthma Cancer  HEP B HEP C B  Seizures STI U  Other:  Functional Limitations (	ificant Conditions: ☐ N Depression ☐ DM ☐ I digh Cholesterol ☐ HIV ses DME ☐ ≥ 2 ER visits check all that apply): ☐ Ur	Dialysis □ Hea □ HTN □ Li s in 12 months nremarkable	art Disease ver Disease	
☐ Seeing ☐ Hearing ☐ Mo			self-care	
☐ Taking 0.4 to 0.8 mg of folic a	cid daily (females of reproducti	ive age)		
Interval History				
Diet / Nutrition	☐ Regular ☐ Lo		ADA	
Appetite	□ Good □ Fa	air 🗆	Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/weel ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden se	k)	□ Chest pain	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	·	
Sexually Active	□ Yes □ No □ Multi	iple Partners □	MSM	
Contraceptive Used	□ None □ Condoms	□ Other:		
LMP (females):	G P A	☐ Menorrhagia	ı	
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:		

Name:	DOB	: IV	IR#:
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx or or sudden d	f unexpected eath < 50 yrs
□ Anemia	□ Other:		
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for socia☐ Changes in family since☐ Problems with housing, fo☐ Family stressors (mentation)	e last visit (move, j	ansportation
Lives with	□ 1 Parent □ 2 Pare	nts   Other:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>CRAFFT</u> □ Other:		
Anemia	□ H&P □ Other:		
Dental (cavities, no dental home)	□ H&P □ Other:		
Depression Score:	□ PHQ-9A □ Other:		
Drug Misuse Score:	□ <u>CRAFFT</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 □ PEARLS □ ACEs □ H&P □ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ ACEs □ H&P □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:		
Sudden Cardiac Arrest	□ <u>SCD</u> □ H&P □ Other:		
Suicide	□ ASQ □ PHQ-9A □ Other:		
Tobacco Use / Exposure	☐ SHA ☐ CRAFFT☐ H&P ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Growth and Developm	nent / School Progre	ess Grade: _	
☐ Hobbies / work	□ Plays sports	□ Plays / lister	ns to music
□ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on ne responsibilit	
☐ Improved social skills; maintains family relationships	□ Sets goals & works towards achieving them	☐ Preparation education, of marriage &	for further career,
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		

Eyes	PERRLA, conjunctivae & sclera Vision grossly normal	ae clear
Ears	Canals clear, TMs normal Hearing grossly normal	
Nose	Passages clear, MM pink, no le	esions $\square$
Teeth	No visible cavities, grossly norr	mal $\square$
Mouth / Gums	Pink, no bleeding/inflammation	/lesions $\square$
Neck	Supple, no masses, thyroid not enlarged	:
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V	
Heart	No organic murmurs, regular rh	nythm 🗆
Lungs	Clear to auscultation bilaterally	
Abdomen	Soft, no masses, liver & spleen	normal $\square$
Genitalia	Grossly normal Tanner stage: I II III IV V	
Male	Circ / uncircumcised, testes in	scrotum $\square$
Female	No lesions, normal external app	pearance $\square$
Vaginal exam	Done or completed elsewhere name:	OB/GYN
Femoral pulses	Normal	
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesions	
Neurologic	Alert, no gross sensory or moto	or deficit
Subjective / Objective		
Assessment		
Plan		
Referrals	-0.1	
□ Dentist	<ul><li>□ Optometrist/</li><li>□ D</li><li>Ophthalmologist</li></ul>	ietician/ Nutritionist
□ Drug / ETOH Tx rehab	☐ Behavioral health ☐ T	obacco cessation class
☐ CA Children's Services (CCS)	· ·	arly Start or Local ducation Agency
□ OB/GYN	□ Other:	
Orders		
□ COVID 19 vaccine		BC / Basic metabolic
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test ☐ H	ct / Hgb (yearly if nenstruating)
		ipid panel (once

□ PPD skin test

 $\ \square \ \mathsf{QFT}$ 

 $\; \Box \; \mathsf{CXR}$ 

□ ECG

□ Urinalysis

□ COVID 19 test

☐ Meningococcal vaccine

☐ MMR (if not up to date)

(if not up to date)

 $\quad \Box \ \, \text{Chlamydia}$  $\quad \Box \ \, \mathsf{Gonorrhea}$ 

 $\quad \Box \ \, \text{Herpes}$ 

 $\quad \Box \ \, \mathsf{Syphilis}$ 

 $\ \ \square \ \ Trichomonas$ 

□ HIV (if high risk)

□ Influenza vaccine

□ Tdap	□ Other:	
Anticipatory Guidanc Health education preference:	• •	•
Diet, Nutrition & Exerc		
□ 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 &		
☐ Alcohol/drug/substance misuse counseling	□ Social media use	☐ Transitioning to adult provider
□ Routine dental care	☐ Avoid risk-taking behavior	□ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	□ Personal development & goals in life
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt / Safety Helmet	□ Testicular self-exam
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	□ Self-breast exam
☐ Smoking/vaping use/exposure	☐ Mental health (emotional support)	☐ Prenatal care / encourage breastfeeding
☐ Former smoker: # Yrs sma ☐ Current smoker: # Yrs sma Type used: ☐ Cigarettes ☐ ☐ Advised to quit smoking	oked # Cigarettes sr Chewing tobacco □ Vap □ Discussed smoking	moked/day ing products □ Other: □ Discussed smoking
Next Appointment	cessation medication	cessation strategies
□ 1 year	□ RTC PRN	□ Other:
Documentation Remir	nders	
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
MA / Nurse		
Signature	Title	Date
Provider Signature	Title	Date
Notes (include date, tir		,
☐ Member/parent refused th	e tollowing screening/order	rs:

DOB:

Name:

MR#:

17 to 20 Years Old - Page 2 of 2

#### **Comprehensive Health Assessment Form** 21 to 39 Years: Actual Age: Date: Female 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 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 □ ≥ 2 ER visits in 12 months $\square$ 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 □ 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 □ Low calorie $\square$ 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) LMP: □ Pregnant G Ρ □ Menorrhagia

Sexually Active

Contraceptive Used

**Intimate Partner** 

Last PAP/HPV

**Social Drivers of** 

Health (SDOH)

Violence

□ Yes

□ No

In the last 12 months:

□ None □ Condoms □ Other:

Has anyone physically hurt you?

☐ Unremarkable for social drivers of health

☐ Changes since last visit (move, job, death)

Has anyone threatened you?

□ Multiple Partners

Has anyone insulted or humiliated you? ☐ Yes ☐ No

Has anyone screamed or cursed at you? ☐ Yes ☐ No

 $\square$  WNL

□ Problems with housing, food, employment, transportation
 □ Stressors (mental illness, alcohol/drugs, violence/abuse)

□ Yes □ No

 $\square$  Yes  $\square$  No

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	□ SDOH □ HITS □ H&P □ Other:			
Member Risk	□ SDOH □ ACEs			
Assessment Obesity	☐ H&P ☐ Other: ☐ H&P ☐ Other:			
Sexually Transmitted	□ SHA □ H&P			
Infections	☐ Other: ☐ SHA ☐ TAPS			
Tobacco Use	☐ 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	& sclerae clear,		
Ears	Canals clear, TMs normal 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			

DOB:

Name:

MR#:

Comprehensive Hea	Ith Assessment	Form		Name:	DOB:	MR#:
Chest / Breast	Symmetrical, no masse	S		<b>Anticipatory Guidance</b>	(AG) / Education ( $\sqrt{\ }$	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 /	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Genitalia	Grossly normal			□ Physical activity /	☐ Healthy food	□ Eating disorder
Female	No lesions, normal exte appearance	rnal		exercise Accident Prevention &	choices  Guidance	
Vaginal exam	Done or completed else OB/GYN name:	where		□ Alcohol/drug/substance	□ Avoid risk-taking	□ Independence
Femoral pulses	Present & equal			misuse counseling  □ Routine dental care	behavior  ☐ Gun safety	□ Personal development
Extremities	No deformities, full ROI	М			,	,
Lymph nodes	Not enlarged			☐ Signs of depression (suicidal ideation)	☐ Violent behavior	☐ Goals in life
Back	No scoliosis			☐ Intimate partner violence	☐ Mindful of daily movements	☐ Family support, social interaction &
Skin	Clear, no significant les	ions		☐ Diabetes management	☐ Motor vehicle	communication  ☐ 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)
Plan				□ Former smoker: # Yrs smol □ Current smoker: # Yrs smol Type used: □ Cigarettes □	ked # Cigarettes sm Chewing tobacco □ Vapir □ Discussed smoking	oked/day og products □ Other: □ Discussed smoking
Pian				Next Appointment	cessation medication	cessation strategies
				□ 1 year	□ RTC PRN	□ Other:
D.C.				L Tyour	- NOTHIN	_ outor.
Referrals  □ Dentist	□ Optometrist /	□ Dietician / Nutr	itionist	<b>Documentation Remind</b>	ders	
☐ Drug / ETOH Tx rehab☐ OB/GYN:	Ophthalmologist  Behavioral health  Other:	□ Tobacco cessa		□ 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
Orders					r	
□ COVID 19 vaccine / booster	□ Varicella (if not up to date)	□ CBC / Basic m 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		Provider Signature	Title	Date
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Low to modera	te dose	1 Tovider Signature	Title	Date
☐ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	□ PPD skin test □ QFT				
☐ Meningococcal vaccine (if	☐ HIV (if high risk)	□ CXR				
not up to date)  □ MMR (if not up to date)	☐ Herpes ☐ Syphilis	<ul><li>□ Urinalysis</li><li>□ ECG</li></ul>		Notes (include date, tim	e, signature, and title	on all entries)
( not up to duto)	☐ Trichomonas	□ COVID 19 test		☐ Member refused the followi	ng screening/orders:	
☐ Pneumococcal (if high risk)	□ Rx for folic acid 0.4-0.8mg daily	□ Fasting plasma HbA1C	a glucose /			
□ Tdap	□ Bone Density Test	□ PAP				

□ HPV

 $\hfill\Box$  Other:

#### Comprehensive Health Assessment Form 21 to 39 Years: Actual Age: Date: Male at Birth Primary Language $\Box$ No Interpreter □ Yes □ Refused Requested Name of Interpreter: Intake **Vital Signs** Allergies / Reaction Temp ΒP Height Weight Pulse ☐ Significant loss/gain: \_\_\_Ibs 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 □ Seizures □ STI □ Uses DME □ ≥ 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): 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 $\square$ Yes $\square$ No $\square$ Multiple Partners $\square$ MSM Contraceptive Used □ None □ Condoms □ Other: ☐ Unremarkable for social drivers of health Social Drivers 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

□ IV Drugs-Current

□ IV Drugs-Past Hx

□ Lives/lived with

someone HBV+

□ None

□ Cancer

□ Other:

□ Diabetes

□ Asthma

□ Other:

Substance Use

☐ Drugs (specify):

Family History

☐ Heart disease / HTN

☐ High cholesterol

name:	DOB:	IVII	<b>K#</b> :
Immunization History / Date	□ None	□ See <u>CAIR</u>	
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID #2.	□ 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:		
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	□ <u>SHA</u> □ H&P □ Other:		
Tobacco Use	□ <u>SHA</u> □ <u>TAPS</u> □ H&P □ Other:		
Tuberculosis	☐ TB Risk Assessment☐ Other:		
Exposure  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 / Gums	Pink, no bleeding/inflamma	ation/lesions	
Neck	Supple, no masses, thyroid	d not enlarged	
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 Prostate Exam / Rectal	es in scrotum	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		П

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	☐ Avoid risk-taking	□ Independence
				misuse counseling  Signs of depression (suicidal ideation)	behavior  Gun safety	□ Personal development
				□ Mental health	□ Violent behavior	□ Goals in life
				(emotional support)  □ Diabetes Management	☐ Motor vehicle safety (DUI / no texting &	☐ Academic or work plans
Assessment				☐ Safe sex practices (condoms, contraception, HIV/AIDS)	driving)  □ 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				Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year	□ Chewing tobacco □ Vapii □ Discussed smoking cessation medication □ RTC PRN	ng products
				Documentation Remi	nders	
Referrals				☐ Screening tools (TB,	□ Vaccines entered in	□ Problem/Medication
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutri		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 cessa	ition class	'		
□ 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)	<ul><li>☐ Hct / Hgb</li><li>☐ Lipid panel</li></ul>				
☐ 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)	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>		Notes (include date, ti	me, signature, and title	on all entries)
☐ Meningococcal vaccine (if not up to date)	☐ Chlamydia	□ CXR		☐ Member refused the follo	wing screening/orders:	
☐ MMR (if not up to date)	☐ Gonorrhea ☐ HIV (if high risk) ☐ Herpes	<ul><li>□ Urinalysis</li><li>□ ECG</li><li>□ COVID 19 test</li></ul>				
□ Pneumococcal (if high risk)	☐ Syphilis ☐ Trichomonas	☐ Fasting plasma ☐ HbA1C				
□ 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 □ No Interpreter □ Yes □ 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 $\square$ Seizures $\square$ STI $\square$ Uses DME $\square \ge 2$ ER visits in 12 months $\square$ Other: Functional Limitations (check all that apply): $\Box$ 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 □ Low calorie $\square$ ADA 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 G Α □ Menopause Hysterectomy □ Partial □ Total Sexually active $\; \square \; \mathsf{Yes}$ □ 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 Violence Has anyone insulted or humiliated you? ☐ Yes ☐ No

Has anyone threatened you?

Date:

Date:

Date:

Last PAP/HPV

Last Mammogram

Last Colonoscopy

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

□ WNL

 $\square$  WNL

□ WNL

□ Yes □ No

Name:	DOB:	M	R#:		
	☐ Unremarkable for social drivers of health				
Social Drivers of	☐ Changes since last visit		,		
Health (SDOH)	<ul><li>□ Problems with housing, f</li><li>□ Stressors (mental illness</li></ul>		-		
Current Alcohol / Substance Use	□ None	□ Alcohol			
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:			
Family History	□ None	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	е		
☐ 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			WNL		
General appearance	Well-nourished & develop No abuse/neglect evident				
Head	No lesions				

DOR:

MD#

Comprehensive He	alth Assessment	Form		Name:	DOB:	MR#:
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear		□ Zoster (if high risk)	□ PAP	☐ Bone Density Test
Ears	Canals clear, TMs norma Hearing grossly normal			☐ Other:	□ HPV	□ Mammogram
Nose	Passages clear, MM pink	, no lesions		Anticipatory Guidanc	e (AG) / Education (√	if discussed)
Teeth	No visible cavities, grossl	y normal		Diet, Nutrition & Exerc	. ,	,
Mouth / Gums	Pink, no bleeding/inflamm	nation/lesions		☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Neck	Supple, no masses, thyro enlarged	id 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, regi	ular rhythm		Accident Prevention &	C Guidance	
Lungs	Clear to auscultation bilat	erally		□ Alcohol/drug/substance	□ Avoid risk-taking	□ Independence
Abdomen	Soft, no masses, liver & s	pleen normal		misuse counseling	behavior	,
Genitalia	Grossly normal			☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
Female	No lesions, normal extern appearance	al		☐ Mental health (emotional support)	□ Violent behavior	□ Goals in life
Vaginal exam	Done or completed elsew OB/GYN name:	here		□ Diabetes management	☐ Mindful of daily movements	□ Work activities
Femoral pulses	Present & equal			☐ Intimate partner violence	☐ Motor vehicle safety (DUI / no texting &	□ Family support, social interaction &
Extremities	No deformities, full ROM			☐ Sex education (partner	driving)  □ Seat belt	communication  □ Self-breast exam
Lymph nodes	Not enlarged			selection)  □ Safe sex practices	☐ Safety helmet	☐ Aging process
Back	No scoliosis			(condoms, contraception, HIV/AIDS)	□ Salety heimet	☐ Aging process
Skin	Clear, no significant lesion	ns		☐ Smoking/vaping	☐ Routine dental care	□ Perimenopause
Neurologic	Alert, no gross sensory or	motor deficit		use/exposure Tobacco Use / Cessate	l tion	education
Subjective / Objective Assessment	3			□ Never smoked or used tot □ Former smoker: # Yrs sm □ Current smoker: # Yrs sm Type used: □ Cigarettes □ □ Advised to quit smoking	oked # Cigarettes sm oked # Cigarettes sm	oked/day
					cessation medication	cessation strategies
Plan				Next Appointment	I	
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	<ul> <li>□ Optometrist / Ophthalmologist</li> </ul>	□ Dietician / Nut	tritionist	Documentation Remir	nders	
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cess	ation 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 n panel	netabolic	MA / Nurse		
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb☐ Lipid panel		Signature	Title	Date
□ Influenza vaccine	☐ Chlamydia	□ PPD skin test				_ ,
☐ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)☐	□ QFT □ CXR		Provider Signature	Title	Date
☐ Pneumococcal (if high	☐ Herpes ☐ Syphilis	<ul><li>□ Urinalysis</li><li>□ ECG</li></ul>				
risk)	□ Trichomonas	□ COVID 19 tes		Notes (include date, tir	me, signature, and title	on all entries)
□ Tdap	<ul><li>☐ Rx for folic acid 0.4- 0.8mg daily</li></ul>	<ul><li>☐ Fasting plasm</li><li>☐ Oral glucose t</li></ul>	-	☐ Member refused the follow		,

☐ gFOBT or Fit

 $\square$  Colonoscopy

 $\quad \Box \ \mathsf{HbA1C}$ 

statin

 $\hfill\square$  Low to moderate dose

 $\hfill\square$  Varicella (if not up to

date)

40 to 49 Years Old Female - Page 2 of 2

#### Comprehensive Health Assessment Form 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 $\square$ 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 $\hfill\Box$ 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 $\square$ 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: □ WNI □ Unremarkable for social drivers of health Social Drivers of Health ☐ Changes since last visit (move, job, death) (SDOH) ☐ Problems with housing/food/employment/transportation □ Stressors(mental illness, alcohol/drugs, violence/abuse) **Current Alcohol /**

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx □ Unremarkable

☐ Lives/lived with

□ Cancer

someone HBV+

**Substance Use** 

□ Drugs (specify):

**Family History** ☐ Heart disease / HTN

☐ High cholesterol

□ Alcohol

□ Other:

□ Diabetes

□ Asthma

□ Other:

Name:	DOB: MR#		<b>!</b> :
Immunization History / Date	□ None	□ See <u>CAIF</u>	2
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
□ COVID Booster(s):	□ MMR:	□ Varicella: □ Exempt (D	
□ 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	□ <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	☐ <u>SDOH</u> ☐ <u>ACEs</u> ☐ 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, tester Prostate Exam / Rectal	s in scrotum	

DOR:

MR#

Comprehensive Healt	h Assessment For	m	Name:	DOB:	MR#:
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	ns 🗆	□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Neurologic	Alert, no gross sensory o motor deficit	r	Accident Prevention & Gu		
Subjective / Objective			□ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
			☐ Signs of depression	☐ Gun safety	□ Personal
			(suicidal ideation)  Mental health (emotional support)	□ Violent behavior	development  ☐ 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 ☐ 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				I .	
□ Dentist	□ Optometrist /	□ Dietician / Nutritionist	Documentation Reminder	s	
□ 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:			by provider	dates, etc.)	
			MA / Nurse Signature	Title	Date
Orders					
□ 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	Trovidor Olgridadio	1100	Duto
□ 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	,		,
	□ Trichomonas	□ Urinalysis	☐ Member refused the following s	creening/orders:	
□ Tdap	☐ gFOBT or Fit	□ ECG			
- Madaglia Mt. 1 . 1 . 1 . 1	□ Colonoscopy	□ COVID 19 test			
□ Varicella (if not up to date)	□ HbA1C	☐ Fasting plasma glucose			
□ Zoster	□ PSA	□ Oral glucose tolerance test			

□ Other:

#### **Comprehensive Health Assessment Form** Nama: 50+ Years: Actual Age: Date: Female at Birth Primary Language □ No Interpreter □ Yes □ Refused 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: ☐ Yes ☐ 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 $\hfill\Box$ 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) □ Menorrhagia Α LMP: G Ρ □ Menopause Hysterectomy □ Partial □ Total Sexually active $\; \square \; \mathsf{Yes}$ □ No ☐ Multiple Partners Contraceptive Used □ None □ Condoms □ Other: Last PAP/HPV Date: □ WNL

 $\square$  WNL

□ WNL

☐ Problems with housing, food, employment, transportation

☐ Stressors (mental illness, alcohol/drugs, violence/abuse)

□ Unremarkable for social drivers of health□ Changes since last visit (move, job, death)

Date:

Date:

Last Mammogram

Last Colonoscopy

Social Drivers of

Health (SDOH)

i tairio:	DOD.	1411	NIT:
Current Alcohol / Substance Use	□ None	□ Alcohol	
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:	
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization	□ None	□ Tdap:	
History / Date	☐ See <u>CAIR</u>		
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Zoster:	
	□ MMR:	□ Varicella:	
☐ COVID Booster(s):	☐ Exempt (DOB <1957 &	□ Variceila. □ Exempt (non-h	ealthcare worker)
☐ Hepatitis B:	non-healthcare worker)  □ Pneumococcal:	□ Other:	
			High Dick
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/
			Orders/AG)
Alcohol Misuse Score:	□ <u>TAPS</u> □ 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	□ <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:		
Lung Cancer	□ H&P □ Other:		
Member Risk Assessment	□ <u>SDOH</u> □ <u>ACEs</u> □ H&P □ Other:		
Obesity	□ H&P □ Other:		
Osteoporosis	□ H&P □ Other:		
Sexually Transmitted Infections	□ SHA □ H&P □ Other:		
Tobacco Use	☐ <u>SHA</u> ☐ <u>TAPS</u> ☐ H&P ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develo		
Head	No lesions	· <del>-</del>	
Eyes	PERRLA, conjunctivae &	sclerae clear	

DOR:

MR#.

Comprehensive He	alth Assessmen	t Form		Name:	DOB	: MR#:
Ears	Canals clear, TMs norm Hearing grossly normal					smoke or have quit within past 15 years)
Nose	Passages clear, MM pir			□ Other:		, ,
Teeth	No visible cavities, gros	ssly normal		Anticipatory Guidance	e (AG) / Education (	√ if discussed)
Mouth / Gums	Pink, no bleeding/inflan	nmation/lesions		Diet, Nutrition & Exerc	cise	
Neck	Supple, no masses, thy	roid not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Chest / Breast	Symmetrical, no masse	es		□ Whole grains /	□ Limit fatty, sugary &	☐ Limit candy, chips & ice
Heart	No organic murmurs, re	egular rhythm		iron-rich foods  ☐ Physical activity /	salty foods  □ Healthy food	cream  □ Eating disorder
Lungs	Clear to auscultation bil	laterally		Accident Prevention 8	choices  Cuidance	
Abdomen	Soft, no masses, liver &	spleen normal		☐ Alcohol/drug/substance	□ ASA use	□ Independence
Genitalia	Grossly normal			misuse counseling  □ Signs of depression	☐ Gun safety	□ Personal development
Female	No lesions, normal exte	ernal appearance		(suicidal ideation)		,
Vaginal exam	Done or completed else			☐ Mental health (emotional support)	☐ Goals in life	☐ Aging process
Femoral pulses	OB/GYN name: Present & equal			☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
Extremities	No deformities, full ROI	M		□ Sex education (partner	☐ Motor vehicle safety	□ Family support, social
	,	VI		selection)	(DUI / no texting & driving)	interaction & communication
Lymph nodes	Not enlarged			<ul><li>☐ Safe sex practices (condoms,</li></ul>	□ Seat belt	☐ Self-breast exam
Back	No scoliosis			contraception, HIV/AIDS)		
Skin	Clear, no significant les			☐ Smoking/vaping	□ Routine dental care	□ Perimenopause education
Neurologic	Alert, no gross sensory	or motor deficit		use/exposure Tobacco Use / Cessa	⊥ tion	
Assessment				□ Current smoker: # Yrs sm  Type used: □ Cigarettes □  □ Advised to quit smoking	•	ing products □ Other: □ Discussed smoking
Plan				Next Appointment		
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	□ Optometrist /	□ Dietician / Nutri	tionist			
☐ Drug / ETOH Tx rehab	Ophthalmologist   Behavioral health	□ Tobacco cessat	tion class	Documentation Remin		T =
□ OB/GYN	□ Other:			<ul> <li>□ Screening tools (TB, Depression, HEP B,</li> </ul>	<ul> <li>□ Vaccines entered in CAIR (manufacturer,</li> </ul>	☐ Problem / Medication Lists updated
Orders	- Culoi.			etc.) are completed, dated, & reviewed by	lot #, VIS publication dates, etc.)	
□ COVID 19 vaccine /	☐ Hep C Antibody	□ CBC / Basic me	etabolic	provider		
booster  ☐ Hep B vaccine (if not up	test (if high risk)  Chlamydia	panel ☐ Hct / Hgb		MA / Nurse	Title	Date
to date)	☐ Gonorrhea	☐ Lipid panel		Signature	1 10	24.0
□ Influenza vaccine	□ HIV (if high risk)	□ PPD skin test			1	
	□ Herpes	□ QFT		Provider Signature	Title	Date
☐ MMR (if not up to date)	<ul><li>□ Syphilis</li><li>□ Trichomonas</li></ul>	<ul><li>□ CXR</li><li>□ Urinalysis</li></ul>				
□ Pneumococcal	☐ Rx for folic acid 0.4-0.8mg daily	□ ECG				
☐ Tdap	□ gFOBT or Fit	☐ COVID 19 test☐ Fasting plasma	glucose	Notes (include date, tir	me, signature, and title	e on all entries)
r	□ Colonoscopy	☐ Oral glucose tol	-	☐ Member refused the follow	wing screening/orders:	
☐ Varicella (if not up to date)	□ PAP □ HPV	<ul><li>☐ HbA1C</li><li>☐ Low to moderat</li></ul>	te dose statin		. v	
□ Zoster	□ Mammogram	□ Low Dose CT (2				
☐ Hep B Panel (if	☐ Bone Density Test	smoking history				V 0115 1 5 2 12

☐ Hep B Panel (if high risk)

☐ Bone Density Test

#### Comprehensive Health Assessment Form 50+ Years: Actual Age: Date: Male at Birth Primary Language □ No □ Yes □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: ☐ 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 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)

☐ Some (< 2 ½ hrs/week)

□ None □ Condoms

Date:

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

☐ Active (> 2 ½ hrs per week w/ 2 days strength training)

☐ Problems with housing/food/employment/transportation

☐ Stressors(mental illness, alcohol/drugs, violence/abuse)

□ Other:

□ WNL

□ Alcohol

□ Other:

 $\square$  Yes  $\square$  No  $\square$  Multiple Partners  $\square$  MSM

☐ Unremarkable for social drivers of health

☐ Changes since last visit (move, job, death)

Physical Activity

Sexually active

Contraceptive Used

Last Colonoscopy

Current Alcohol /

Substance Use

☐ Drugs (specify):

(SDOH)

**Social Drivers of Health** 

tailic.	DOD.	IVIIX	r.
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Zoster:	
□ COVID Booster(s):	□ MMR:	□ Varicella:	
	□ Exempt (DOB <1957 & non-healthcare worker)	☐ Exempt (n worker)	on-healthcare
□ 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	□ <u>TAPS</u> □ Other:		
Score:  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:	□ <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:		
Lung Cancer	□ 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 & develop No abuse/neglect evident		
Head	No lesions	· · · · · · · · · · · · · · · · · · ·	
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal	<u> </u>	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossly	y normal	
Mouth / Gums			

Name:

Neck	Supple, no masses, thyro enlarged	id not
Chest	Symmetrical, no masses	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilat	erally $\square$
Abdomen	Soft, no masses, liver & s normal	pleen
Genitalia	Grossly normal	
Male	Circ /uncircumcised, tester Prostate Exam / Rectal	es in scrotum
Femoral pulses	Present & equal	
Extremities	No deformities, full ROM	
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesion	
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:		0.000
Orders		
□ COVID 19 vaccine /	☐ Hep B Panel (if high	□ CBC / Basic
booster  ☐ Hep B vaccine (if not up to	risk)  ☐ Hep C Antibody test	metabolic panel  Hct / Hgb
date)	(if high risk)	☐ Lipid panel
□ Influenza	<ul><li>□ Chlamydia</li><li>□ Gonorrhea</li></ul>	<ul><li>Low to moderate dose statin</li></ul>
☐ MMR (if not up to date)	☐ HIV (if high risk)	☐ PPD skin test
□ Pneumococcal	□ Hernes	□ OFT
	☐ Herpes☐ Syphilis	□ QFT
□ Tdan	☐ Syphilis☐ Trichomonas	□ CXR □ Urinalysis
□ Tdap	□ Syphilis	□ CXR
□ Tdap □ Varicella (if not up to date)	☐ Syphilis ☐ Trichomonas ☐ gFOBT or Fit ☐ Colonoscopy ☐ Low Dose CT (20-	□ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma
	□ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy □ Low Dose CT (20-pack year smoking history & currently	□ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose
	□ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy □ Low Dose CT (20-pack year smoking	□ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose
	□ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy □ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years) □ AAA Ultrasound	□ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose tolerance test □ HbA1C
□ Varicella (if not up to date)	□ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy □ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)	□ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose tolerance test

Name:	DOB:	MR#:
-------	------	------

lame:	DOB:	MR#:
Anticipatory Guidance (A	AG) / Education (√ if dis	cussed)
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 & G	uidance	
☐ 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)	<ul> <li>☐ Motor vehicle safety (DUI / no texting &amp; driving)</li> </ul>	☐ Family support, social interaction & communication
☐ Smoking/vaping use/exposure	□ Seat belt	□ Testicular self-exam
□ Routine dental care	□ Safety helmet	☐ Aging process
Type used: □ Cigarettes □ Che □ Advised to quit smoking	☐ Discussed smoking cessation medication	Discussed smoking cessation strategies
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:
Documentation Reminde	re	
□ Screening tools (TB,	□ Vaccines entered in	
Depression, HEP B, etc.) are completed, dated, & reviewed by provider	CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated
completed, dated, & reviewed by provider	lot #, VIS publication	
completed, dated, & reviewed	lot #, VIS publication dates, etc.)	Lists updated
completed, dated, & reviewed by provider  MA / Nurse Signature	lot #, VIS publication dates, etc.)	Lists updated
completed, dated, & reviewed by provider	lot #, VIS publication dates, etc.)  Title	Lists updated  Date
completed, dated, & reviewed by provider  MA / Nurse Signature	lot #, VIS publication dates, etc.)  Title	Lists updated  Date
completed, dated, & reviewed by provider  MA / Nurse Signature	lot #, VIS publication dates, etc.)  Title	Lists updated  Date
completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature	lot #, VIS publication dates, etc.)  Title  Title	Date  Date
completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, time,	lot #, VIS publication dates, etc.)  Title  Title  signature, and title on a	Date  Date
completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature	lot #, VIS publication dates, etc.)  Title  Title  signature, and title on a	Date  Date
completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, time,	lot #, VIS publication dates, etc.)  Title  Title  signature, and title on a	Date Date
completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, time,	lot #, VIS publication dates, etc.)  Title  Title  signature, and title on a	Date  Date