COMPREHENSIVE HEALTH ASSESSMENT FORMS

INDEX

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

COMPREHENSIVE HEALTH ASSESSMENT FORMS

This page intentionally left blank for printing purposes

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

Under 1 Month Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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

OB/GYN Provider:
Post-Partum Appointment Date:

Cord	☐ Absent ☐ Present ☐ Redness/swelling ☐ Yellow drainage

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/Vitamins: ☐ See Medication List

Interval History		
Nutrition	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal (2-4 hours) ☐ Abnormal	
Sleeping Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Prone, lifts head briefly	☐ Turns head side to side	☐ Responds to sound
☐ Moro reflex	☐ Blinks at bright light	☐ Keeps hands in a fist

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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 / Palate	Oral mucosa pink, no cleft lip or palate	☐
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	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Comprehensive Health Assessment

Name: DOB: MR#:

Assessment

Plan

Referrals		
☐ WIC	☐ Audiologist	☐ Optometrist / Ophthalmologist
☐ 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
☐ Hep B Panel (if at risk)	☐ Other:	

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:		
Diet, Nutrition & Exercise		
☐ Breastfeeding / formula	☐ No cow's milk	☐ No honey until 1 year old
☐ Feeding position	☐ No bottle in bed	☐ Colic
Accident Prevention & Guidance		
☐ Lead poisoning prevention	☐ Rear-facing Infant car seat	☐ Stimulation from hanging objects & bright colors
☐ Call MD for fever	☐ Choking hazards	☐ 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	☐ Poison control phone number	☐ Hiccups
☐ Effects of passive smoking	☐ Smoke detector	☐ Bathing
☐ Skin cancer prevention	☐ Hot water temp < 120° F	☐ Circumcision care
☐ Sleeping position	☐ Drowning / tub safety	☐ Cord care
Next Appointment		
☐ At 2 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders		
☐ 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**

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

Name: DOB: MR#:

1 to 2 Months Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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

OB/GYN Provider:
Post-Partum Appointment Date:

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/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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
☐ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Prone, lifts head 45°	☐ Vocalizes (cooing)	☐ Grasps rattle
☐ Kicks	☐ Follows past midline	☐ Smiles responsively (social)

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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 / Pharynx	Oral mucosa pink, no 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	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Comprehensive Health Assessment

Name: DOB: MR#:

Assessment

Plan

Referrals

☐ WIC	☐ Dietician / Nutritionist	☐ Audiologist
☐ Maternal Behavioral Health	☐ Optometrist / Ophthalmologist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

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:	

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ Breastfeeding / formula	☐ No cow's milk	☐ No honey until 1 year old
☐ Feeding position	☐ No bottle in bed	☐ Signs of hunger

Accident Prevention & Guidance

☐ Lead poisoning 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
☐ Diaper rash	☐ Poison control phone number	☐ Bathing
☐ 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 Reminders

☐ 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**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

3 to 4 Months Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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

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/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Growth and Development		
☐ Head steady when sitting	☐ Squeals or coos	☐ Orients to voices
☐ Eyes follow 180°	☐ Rolls form stomach to back	☐ Brings hands together
☐ Grasps rattle	☐ Gums objects	☐ Laughs aloud

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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 / Pharynx	Oral mucosa pink, no 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	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals		
☐ WIC	☐ Dietician / Nutritionist	☐ Audiologist
☐ Maternal Behavioral Health	☐ Optometrist / Ophthalmologist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders		
☐ 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:		

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:		
Diet, Nutrition & Exercise		
☐ Breastfeeding / formula	☐ No cow's milk	☐ No honey until 1 year old
☐ Feeding position	☐ No bottle in bed	☐ Signs of hunger
Accident Prevention & Guidance		
☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Childcare plan
☐ Signs of maternal depression	☐ Choking hazards	☐ Rolling
☐ 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		
☐ At 6 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders		
☐ 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**

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

5 to 6 Months Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Fluoride Use	Drinks fluoridated water or takes supplements: ☐Yes ☐No	
Fluoride Varnish	Applied to teeth within last 6 months: ☐ Yes ☐ No	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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
☐ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Blood Lead Education (Start at 6 months)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ No head lag when pulled to sitting	☐ Sits briefly alone	☐ Orients to bell
☐ Bears weight on legs	☐ Rolls both ways	☐ Bangs small objects on surface
☐ Reaches for objects	☐ Gums objects	☐ Babbles

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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	☐
Teeth	Present, grossly normal, No visible cavities	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, Thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction, leg lengths equal	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals		
☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Maternal Behavioral Health	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ Dentist	☐ Regional Center	☐ Early Start or Local Education Agency
☐ CA Children's Services (CCS)	☐ Other:	

Orders		
☐ COVID 19 vaccine	☐ IPV	☐ CBC / Basic metabolic panel
☐ 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 (0.25 mg QD)	☐ ECG ☐ COVID 19 test
☐ Influenza vaccine	☐ Fluoride varnish application	☐ Iron-fortified formula
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:		
Diet, Nutrition & Exercise		
☐ 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		
☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Electrical outlet covers
☐ Routine dental care	☐ Choking hazards	☐ Blocks
☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Repetitive games
☐ Fluoride varnish 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
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Teething
Next Appointment		
☐ At 9 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders		
☐ 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**

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

7 to 9 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List			
Interval History			
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:		
Elimination	☐ Normal ☐ Abnormal		
Has WIC	☐ Yes ☐ No		
Sleep	☐ Normal ☐ Abnormal		
Sleep Position	☐ Supine ☐ Prone ☐ Side		
Fluoride Use	Drinks fluoridated water or takes supplements: ☐Yes ☐No		
Fluoride Varnish	Applied to teeth within last 6 months: ☐ Yes ☐ No		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
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	
☐ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
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:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Sits without support	☐ Transfers object hand to hand	☐ Looks for toy dropped
☐ Begins to crawl	☐ Rolls over	☐ Says "mama" or "dada"
☐ Pulls to stand	☐ Feeds self, cracker	☐ Scribbles

Physical Examination		WNL
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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	☐
Teeth	Present, grossly normal, No visible cavities	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ 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)
☐ Hep B vaccine	☐ Rotavirus	☐ PPD skin test ☐ QFT
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ ECG ☐ COVID 19 test
☐ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula
☐ Other:		

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ 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

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Electrical outlet covers
☐ 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
☐ 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 Reminders

☐ Screening tools (TB, HEP B, Developmental D/O, 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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

12 to 15 Months Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No		
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:		
Elimination	☐ Normal ☐ Abnormal		
Has WIC	☐ Yes ☐ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)		
Sleep	☐ Regular ☐ Sleep regression ☐Nighttime fears		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
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:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Blood Lead Test Test at 12 months and Educate at each well visit	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Walks alone well	☐ Three-word vocabulary	☐ Stacks two-block tower
☐ Stoops and recovers	☐ Plays pat-a-cake	☐ Says "mama" or "dada"
☐ Takes lids off containers	☐ Feeds self	☐ Scribbles

Physical Examination		WNL
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals		
☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders		
☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP	☐ MMR	☐ Hct / Hgb (at 12 months)
☐ Hep A vaccine	☐ PCV	☐ Lipid panel (if high risk)
☐ Hep B vaccine	☐ Varicella	☐ PPD skin test ☐ QFT
☐ 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:		

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:		
Diet, Nutrition & Exercise		
☐ 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 & Guidance		
☐ 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 varnish treatment	☐ Matches / burns	☐ Family play
☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
☐ 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		
☐ In 3 Months	☐ RTC PRN	☐ Other:

Documentation Reminders		
☐ Screening tools (TB, HEP B, 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**

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

16 to 23 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)	
Sleep	☐ Regular ☐ Sleep regression ☐ Nighttime fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Autism Disorder (At 18 months) Score: ___	☐ SWYC, ☐ M-CHAT, ☐ Other:	☐	☐
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Developmental Disorder (At 18 months) Score: _____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ 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 & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	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	☐
Teeth	No visible cavities & grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction, leg length equal	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

Neurologic	Alert, no gross sensory or motor deficit ☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ 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)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ 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:		

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ 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
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ 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
☐ Family support, social interaction & communication	☐ 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 / training

Next Appointment

☐ At 2 Years Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Autism, Developmental D/O, HEP B, 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**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

2 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)	
Sleep Pattern	☐ Regular ☐ Sleep regression ☐ Nighttime fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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:	

Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Autism Disorder Score: _____	☐ ASQ-3, ☐ SWYC, ☐ M-CHAT, ☐ Other:	☐	☐
Blood Lead Test Test at 24 months and Educate at each well visit	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Developmental Disorder Score: _____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ 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-block tower
☐ Puts 2 or more words together	☐ Kicks and throws a ball	☐ Handles spoon well
☐ 7 to 20-word vocabulary	☐ Name at least 1 color	☐ Puts on simple clothes

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	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	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐

Comprehensive Health Assessment

Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
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 or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ 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)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ Hib (if not up to date)	☐ Blood Lead (at 2 yrs old)	☐ 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:		

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Caloric balance
☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & 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 varnish treatment	☐ Matches / burns	☐ Reading together
☐ Family support, social interaction & communication	☐ 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 / training

Next Appointment

☐ At 30 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Autism, Developmental D/O, 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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

30 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused 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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)	
Sleep Pattern	☐ Regular ☐ Sleep regression ☐ Night time fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
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:	

Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
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:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Balances on each foot, 1 second	☐ Eats independently	☐ Helps in dressing
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle
☐ Plays with other children	☐ Knows age, sex, first, & last name	☐ Cuts with scissors

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	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	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐

Comprehensive Health Assessment

Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ 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 to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ 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 & 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 varnish treatment	☐ Matches / burns	☐ Reading together / school readiness
☐ 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
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits

Next Appointment

☐ At 3 Years Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Developmental D/O, 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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

3 Years Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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 ≤ 25 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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/Vitamins: ☐ See Medication List

Interval History	
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:
Appetite	☐ Good ☐ Fair ☐ Poor
Elimination	☐ Normal ☐ Abnormal
Has WIC	☐ Yes ☐ No
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR

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:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Balances on each foot, 1 second	☐ Eats independently	☐ Helps in dressing
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle
☐ Plays with several children	☐ Knows age, sex, first, & last name	☐ Cuts with scissors

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	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	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐

Comprehensive Health Assessment

Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ 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 to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg/0.50 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ 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	☐ School lunch program

Accident Prevention & 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 varnish treatment	☐ Matches / burns	☐ Reading together / school readiness
☐ 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
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits

Next Appointment

☐ At 4 Years Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, 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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

4 to 5 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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 ≤ 25 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ 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
☐ 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/Vitamins: ☐ See Medication List

Interval History	
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:
Appetite	☐ Good ☐ Fair ☐ Poor
Elimination	☐ Normal ☐ Abnormal
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	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR

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:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress **Grade:** _____		
☐ Hops on one foot	☐ Counts four pennies	☐ Copies a square
☐ Catches, throws a ball	☐ Knows opposites	☐ Recognizes 3-4 colors
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayon between finger and thumb

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical	☐
Eyes	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	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐

Comprehensive Health Assessment

Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ COVID 19 vaccine	☐ MMR	☐ CBC / Basic metabolic panel
☐ DTaP	☐ PCV13 (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)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis at 5 years
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg/0.50 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ 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	☐ School lunch program

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Seat belt	☐ 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 / school readiness
☐ 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
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, 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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

Name: DOB: MR#:

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 ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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 ≤ 25 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ 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 ☐ HIV ☐ HTN ☐ Liver Disease ☐ Seizures ☐ Uses DME ☐ ≥ 2 ER visits in 12 months ☐ Other:			
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No 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 CAIR		
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:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ Rides bicycle	☐ Knows right from left	☐ Reads for pleasure
☐ Ties shoelaces	☐ Draws person with 6 parts including clothing	☐ Tells time
☐ Rules and consequences	☐ Independence	☐ Prints first name

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities & grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes 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 or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dietician / Nutritionist	☐ Regional Center	☐ Early Start or Local Education Agency
☐ CA Children's Services (CCS)	☐ Other:	

Orders

☐ 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 (if not up to date)	☐ Tdap (≥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:	

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Routine dental care	☐ Use of social media	☐ Peer pressure
☐ Lead Poisoning Prevention	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Non-violent conflict resolution	☐ Physical growth
☐ Form caring & supportive relationships with family & peers	☐ Safety helmet ☐ Seat belt	☐ Daily mindful movements
☐ Early Sex education	☐ Limit screen time	☐ Puberty
☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	☐ Bedtime

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, 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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

9 to 12 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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	☐ 9-10 Yrs Old: Responded at ≤ 25 dB at 1000-4000 frequencies in both ears ☐ ≥11 Yrs Old: Responded at ≤ 25 dB at 1000-8000 frequencies in both ears	☐ Non coop	
Vision Screening	OD: OS: OU:	☐ 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 ☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months ☐ Other:			
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements:☐Yes ☐No		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:		
Appetite	☐ Good ☐ Fair ☐ Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain		
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Sexually active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM		
Contraceptive Used	☐ None ☐ Condoms ☐ Other:		
LMP (females):		☐ Menorrhagia	
Current Alcohol / Substance Use	☐ None	☐ Alcohol	
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:	

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ PEARLS-12&UP ☐ Other:	☐	☐
Alcohol Misuse (Starting at 11 yrs old)	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____ (Starting at 12 yrs old)	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse (Starting at 11 years old)	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Starting at 11 yrs old)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections (Starting at 11 yrs old)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest (Starting at 11 yrs old)	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide (Starting at 12 yrs old)	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ School achievement	☐ Performs chores	☐ Plays / listens 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

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐

Comprehensive Health Assessment

Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
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 rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal Tanner stage: I II III IV V	☐
Male	Circ / uncircumcised, testes 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 or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ OB/GYN:	☐ Other:	

Orders

☐ COVID 19 vaccine	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not given previously)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if not up to date)	☐ Lipid panel (once between 9-11 yrs)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (11 to 12 yrs)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis	☐ ECG

Name: **DOB:** **MR#:**

	☐ Trichomonas	☐ COVID 19 test
☐ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	☐ Other:	

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Social media use	☐ Peer pressure
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	☐ Independence
☐ Mental health (emotional support)	☐ Gun safety	☐ Personal development
☐ Form caring & supportive relationships with family & peers	☐ Non-violent conflict resolution	☐ Physical growth
☐ Early Sex education / Safe sex practices	☐ Safety helmet	☐ Mindful of daily movements
☐ Skin cancer prevention	☐ Seat belt	☐ Puberty
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Bedtime

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

13 to 16 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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 ≤ 25 dB at 1000-8000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ 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
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No	
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
LMP (females):		☐ Menorrhagia
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, incarceration ☐ 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)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test at least once starting at 15 yrs old)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ School achievement	☐ Performs chores	☐ Plays / listens to music
☐ School attendance	☐ Learns 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 & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐

Comprehensive Health Assessment

Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest/Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal Tanner stage: I II III IV V	☐
Male	Circ / uncircumcised, testes 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 or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ OB/GYN:	☐ Other:	

Orders

☐ COVID 19 vaccine	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Lipid panel (if high risk)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	☐ Other:	

Name: **DOB:** **MR#:**

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ 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

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

17 to 20 Years	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital 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 ≤ 25 dB at 1000-8000 frequencies in both ears	☐ Non coop	
Vision Screening	OD: OS: OU:	☐ 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

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info given/discussed	☐ Yes ☐ Refused Starting at 18 years old

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List
☐ Taking 0.4 to 0.8 mg of folic acid daily (females of reproductive age)

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
LMP (females):	G P A	☐ Menorrhagia
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, incarceration ☐ 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)
Adverse Childhood Experiences	☐ ACEs, ☐ PEARLS, ☐ Other:	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ Hobbies / work	☐ Plays sports	☐ Plays / listens to music
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on new responsibility
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	☐ Preparation for further education, career, marriage & parenting

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐

Comprehensive Health Assessment

Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal Tanner stage: I II III IV V	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Normal	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist/ Ophthalmologist	☐ Dietician/ Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ OB/GYN	☐ Other:	

Orders

☐ COVID 19 vaccine	☐ Hep B Panel (at least once ≥18 yrs)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (at least once ≥18 yrs)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Rx for folic acid 0.4-0.8mg daily (females)	☐ Lipid panel (once between 17-21 yrs)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Tdap	☐ Other:	

Name: DOB: MR#:

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

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ 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

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/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, time, signature, and title on all entries)

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

21 to 39 Years: Female at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info Given/Discussed	☐ Yes ☐ Refused

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List
☐ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP: ☐ Pregnant	G P A	☐ Menorrhagia
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Social Determinants of Health (SDOH)	Intimate Partner Violence (IPV) in the last 12 months: Has anyone physically hurt you? ☐ Yes ☐ No Has anyone insulted or humiliated you? ☐ Yes ☐ No Has anyone threatened you? ☐ Yes ☐ No Has anyone screamed or cursed at you? ☐ Yes ☐ No	
Last PAP/HPV	Date: ☐ WNL	
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 CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella:
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH / Intimate Partner Violence	☐ SDOH, ☐ HITS, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear, Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

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

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Varicella (if not up to date)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Low to moderate dose statin
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Pneumococcal (if high risk)	☐ Rx for folic acid 0.4-0.8mg daily	☐ Fasting plasma glucose / HbA1C
☐ Tdap	☐ Bone Density Test	☐ PAP ☐ HPV
☐ Other:		

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Routine dental care	☐ Gun safety	☐ Personal development
☐ Signs of depression (suicidal ideation)	☐ Violent behavior	☐ Goals in life
☐ Intimate partner violence	☐ Mindful of daily movements	☐ Family support, social interaction & communication
☐ Diabetes management	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Academic or work plans
☐ 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)

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

21 to 39 Years: Male at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ___lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____

At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info given/discussed	☐ Yes ☐ Refused

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List

☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable

☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

Education (last grade completed): _____

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Social Determinants of Health (SDOH)	☐ WNL – Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, incarceration ☐ Family stressors (mental illness, drugs, violence/abuse)	
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Other:

Immunization History / Date	☐ None	☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella:
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no 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 Prostate Exam / Rectal	☐

Comprehensive Health Assessment

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 or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Varicella (if not up to date)	☐ Hct / Hgb ☐ Lipid panel
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Low to moderate dose statin
☐ Influenza vaccine	☐ Hep C Antibody test (if high risk)	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ Chlamydia ☐ Gonorrhea	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ ECG ☐ COVID 19 test
☐ Pneumococcal (if high risk)	☐ Syphilis ☐ Trichomonas	☐ Fasting plasma glucose ☐ HbA1C
☐ Other:		

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
☐ Diabetes Management	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Academic or work plans
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Family support, social interaction & communication
☐ Skin cancer prevention	☐ Safety helmet	☐ Testicular self-exam
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Sex education (partner selection

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem/Medication Lists updated

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

40 to 49 Years: Female at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info Given/Discussed	☐ Yes ☐ Refused

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List
☐ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP:	G P A	☐ Menorrhagia ☐ Menopause
Hysterectomy	☐ Partial ☐ Total	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Intimate Partner Violence / SDOH In the last 12 months	Has anyone physically hurt you? ☐ Yes ☐ No Has anyone insulted or humiliated you? ☐ Yes ☐ No Has anyone threatened you? ☐ Yes ☐ No Has anyone screamed or cursed at you? ☐ Yes ☐ No	
Last PAP/HPV	Date: ☐ WNL	
Last Mammogram	Date: ☐ WNL	
Last Colonoscopy	Date: ☐ WNL	

Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History / Date	☐ None	☐ ☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella: ☐ Exempt (DOB < 1980 & non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Breast Cancer	☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: ____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Osteoporosis	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH / Intimate Partner Violence	☐ SDOH, ☐ HITS, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐

Comprehensive Health Assessment

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

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

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

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
☐ Diabetes management	☐ Mindful of daily movements	☐ Work activities
☐ Intimate partner violence	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Sex education (partner selection)	☐ Seat belt	☐ Self-breast exam
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Safety helmet	☐ Aging process
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Perimenopause education

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

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

Immunization History / Date	☐ None	☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella: ☐ Exempt (DOB < 1980 & non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no 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	☐

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

Genitalia	Grossly normal	☐
Male	Circ/uncircumcised, testes in scrotum Prostate Exam / Rectal	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ Low to moderate dose statin
☐ MMR (if not up to date)	☐ HIV ☐ Herpes	☐ PPD skin test ☐ QFT
☐ Pneumococcal vaccine	☐ Syphilis ☐ Trichomonas	☐ CXR ☐ Urinalysis
☐ Tdap	☐ gFOBT or Fit ☐ Colonoscopy	☐ ECG ☐ COVID 19 test
☐ Varicella (if not up to date)	☐ HbA1C	☐ Fasting plasma glucose
☐ Zoster	☐ PSA	☐ Oral glucose tolerance test
☐ Other:		

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
☐ Diabetes management	☐ Mindful of daily movements	☐ Work activities
☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Testicular self-exam
☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	☐ Routine dental care

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: **DOB:** **MR#:**

50+ Years: Female at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info Given/Discussed	☐ Yes ☐ Refused

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP:	G P A	☐ Menorrhagia ☐ Menopause
Hysterectomy	☐ Partial ☐ Total	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Last PAP/HPV	Date: ☐ WNL	
Last Mammogram	Date: ☐ WNL	
Last Colonoscopy	Date: ☐ WNL	
Social Determinants of Health (SDOH)	☐ WNL-Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs,violence/abuse)	

Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History / Date	☐ None ☐ See CAIR	☐ Tdap:
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Zoster:
☐ COVID Booster(s):	☐ MMR: ☐ Exempt (DOB <1957 & non-healthcare worker)	☐ Varicella: ☐ Exempt (non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Breast Cancer	☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Cognitive Health (Start at 65 yrs old) Score: ___	☐ MINI-COG, ☐ AD8, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: ____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Lung Cancer	☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Osteoporosis	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐

Comprehensive Health Assessment

Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

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

Name: **DOB:** **MR#:**

☐ Zoster ☐ Hep B Panel (if high risk)	☐ Mammogram ☐ Bone Density Test	☐ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)
☐ Other:		

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ ASA use	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Goals in life	☐ Aging process
☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Self-breast exam
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Perimenopause education

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

50+ Years: Male at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: _____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info Given/Discussed	☐ Yes ☐ Refused

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Last Colonoscopy	Date: ☐ WNL	
Social Determinants of Health (SDOH)	☐ WNL-Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing/food/employment/incarceration ☐ Family stressors: mental illness/drugs/violence/abuse	
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History / Date	☐ None ☐ See CAIR	☐ Tdap:
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Zoster:
☐ COVID Booster(s):	☐ MMR: ☐ Exempt (DOB <1957 & non-healthcare worker)	☐ Varicella: ☐ Exempt (non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Abdominal Aortic Aneurism	☐ H&P, ☐ Other:	☐	☐
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Cognitive Health (Start at 65 yrs old) Score: _____	☐ MINI-COG, ☐ AD8, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Lung Cancer	☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐

Comprehensive Health Assessment

Mouth / Pharynx	Oral mucosa pink, no 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 Prostate Exam / Rectal	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

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

Name: **DOB:** **MR#:**

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Diabetes management	☐ Violent behavior	☐ Goals in life
☐ Sex education (partner selection)	☐ Mindful of daily movements	☐ Work or retirement activities
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Smoking/vaping use/exposure	☐ Seat belt	☐ Testicular self-exam
☐ Routine dental care	☐ Safety helmet	☐ Aging process

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem / Medication Lists updated

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

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

☐ Member refused the following screening/orders: