# **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

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# **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

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Under 1 Month Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema	le		
Accompanied by	□ Mother □ Fathe			
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Newborn Hearing Screen Results □ Pass □ Refer  Country of Birth: □ US □ Other:				
At least 1 parent born in		Islands: □ Y	′es □ 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 □ Formulaoz every hours Formula Type or Brand:			
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal (2-4 hours)	□ Abnormal		
Sleeping Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	□ Lives/lived with someone HBV+	□ Born to HBV	'+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	unexpected eath < 50 yrs	
☐ Childhood hearing impairment	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment, transportation □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parei	oto 🗆 Othor		

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

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

1 to 2 Months Old	Actual Age:	Date:		
	•			
Sex at Birth	□ Male □ Female			
Accompanied by Parent's Primary	□ Mother □ Fathe	r 🗆 Other:		
Language				
Interpreter Requested	□ Yes □ No Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction		'		
Pain	Location:		0.40	
Cultural Needs (e.g., cult	Scale: 0 1 2 3 ural background/traditions.			
preference/restrictions, and h	ealthcare beliefs):		markable	
Birth Weight: Bi	rth Length: Ge	estational Age	):	
Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No				
Newborn Hearing Screen Results   Pass   Refer				
Country of Birth:   US  Other:   At least 1 parent born in Africa, Asia, Pacific Islands:   Yes  No				
OB/GYN Provider:	1 AIIICa, Asia, Facilic	ISIdilus. 🗆	res uno	
Post-Partum Appointme				
Chronic Problems/Sign  □ DM □ Dialysis □ Hea				
☐ Liver Disease ☐ Seizure			nonths	
□ Other:				
Current Medications/Vitamins: □ See Medication List				
Interval History				
Foodings	□ Breastfed every			
Feedings	□ Formulaoz € Formula Type or Bran	every hou d:	ırs	
Elimination	□ Normal □ Abnorma	al		
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorm	al		
Sleep Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Other:				
Psychosocial /	☐ Unremarkable for socia			
Behavioral Social Drivers of Health	<ul> <li>□ Changes in family since</li> <li>□ Problems with housing, for</li> </ul>	, .	•	
(SDOH)	☐ Family stressors (menta		=	
Lives with	□ 1 Parent □ 2 Parer	nts □ Other:		

Name:	DOB:	. IV	IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Maternal Depression Score:	□ <u>EPDS</u> □ <u>PHQ-9</u> □ Other:			
Member Risk Assessment	☐ SDOH ☐ PEARLS ☐ H&P ☐ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Growth and Developm	nent			
□ Prone, lifts head 45°	□ Vocalizes (cooing)	☐ Grasps rattle	<del></del>	
□ Kicks	□ Follows past midline	onsively		
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect eviden			
Head	Symmetrical, A.F. open _			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear			
Nose	Passages clear, MM pink			
Mouth / Gums	Pink, no bleeding/inflamr			
Neck	Supple, no masses, thyroid not enlarged			
Chest	Symmetrical, no masses	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm			
Lungs	Clear to auscultation bilaterally			
Abdomen	Soft, no masses, liver & s			
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Femoral pulses	Present and equal			

No deformities, full ROM

Clear, no significant lesions

Alert, no gross sensory or motor deficit

Extremities

Neurologic

Subjective / Objective

Skin

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

Comprehensive He	aitii Assessiileiii	LIOIIII		
3 to 4 Months Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Fathe	er 🗆 Other:		
Parent's Primary Language				
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9_10_	
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions,	religious practice		
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				
	n Africa, Asia, Pacific Islands:			
Delivery  Chronic Problems/Sign	Complications			
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 ☐ Formulaoz every hours Formula Type or Brand:			
Elimination	□ Normal □ Abnorma	al		
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
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 HB\	/+ parents	
☐ High cholesterol	□ Cancer	☐ Family Hx of	f unexpected eath < 50 yrs	
□ Anemia	□ Other:	or odddorr d	odur - oo yio	
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment, transportation □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Pare	nts   Other:		

Name:	DOB:	DOB: N	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P □ Other:		
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:		
Maternal Depression Score:	□ EPDS □ PHQ-9 □ Other:		
Member Risk Assessment	□ SDOH □ PEARLS □ H&P □ Other:		
Psychosocial /	□ SDOH □ PEARLS		
Behavioral	□ H&P □ Other:		
Tuberculosis	☐ TB Risk Assessment		
Exposure	□ Other:		
<b>Growth and Developm</b>	ent		
☐ Head steady when sitting	□ Squeals or coos	□ Orients to vo	pices
□ Eyes follow 180°	□ Rolls form stomach to back	□ Brings hand	s together
☐ Grasps rattle	☐ Gums objects	□ Laughs alou	d
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma		
Nose	Passages clear, MM pink		
Mouth / Gums	Pink, no bleeding/inflamr	nation/lesions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg		
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion		
Neurologic	Alert, no gross sensory of	r motor deficit	

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

5 to 6 Months Old	Actual Age:			
Sex at Birth	□ Male □ Fema	□ Male □ Female		
Accompanied by	□ Mother □ Fathe	er 🗆 Other:		
Parent's Primary Language				
Interpreter	□ Yes □ No			
Requested	Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US	eight: Birth Length: Gestational Age: y: □ Vaginal □ C-section cations: □ Yes □ No y of Birth: □ US □ Other: : 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vi	Current Medications/Vitamins: ☐ See Medication List			
Interval History				
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran	every hou	urs	
Elimination	□ Normal □ Abnorma			
Has WIC	□ Yes □ No			
Sleep	□ Normal □ Abnorma	al		
Sleep Position	□ Supine □ Prone □ Side			
Fluoride Use	Drinks fluoridated water or takes supplements: □Yes □No			
Fluoride Varnish	Applied to teeth within last 6 months: ☐ Yes ☐ No			
Vaccines Up to Date	☐ Yes ☐ No ☐ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents	
	☐ Cancer ☐ Family Hx of unexpected or sudden death < 50 yrs			
☐ High cholesterol	□ Cancer			
☐ High cholesterol ☐ Other:	□ Cancer			

□ 1 Parent □ 2 Parents □ Other:

Lives with

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

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective	е		Anticipatory Guidano Health education preference	•	•
			Diet, Nutrition & Exer	cise	
			☐ Introduction to solids	□ Fortified Infant Cereals	☐ Start solid foods one at a time
			☐ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	□ Electrical outlet covers
Accessment			□ Routine dental care	☐ Choking hazards	□ Blocks
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Repetitive games
			☐ Fluoride vamish treatment	□ Matches / burns	□ Play with cloth book
			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Caution with strangers	□ Poison control phone number	□ Bathing
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
			☐ Signs of maternal depression	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 9 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)
Referrals			MA / Nurse	Title	Date
□ <u>WIC</u>	□ Optometrist /	□ Audiologist	Signature	Title	Date
☐ Maternal Behavioral Health	Ophthalmologist  ☐ Dietician / Nutritionist	□ Pulmonologist	Provider Signature	Title	Date
□ Dentist	□ Regional Center	☐ Early Start or Local Education Agency		•	
☐ CA Children's Services (CCS)	□ Other:	<b>V</b> /			
Orders			Notes (include date, ti	me signature and title	e on all entries)
□ COVID 19 vaccine	□ IPV	□ CBC / Basic metabolic panel	☐ Member/parent refused to		,
□ DTaP	□ PCV	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test □ QFT			
☐ Hep B vaccine	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis			
□ Hib	☐ Rx Fluoride drops / chewable tabs	☐ ECG ☐ COVID 19 test			
□ Influenza vaccine	(0.25 mg QD)  □ Fluoride varnish	□ Iron-fortified formula			
☐ Other:	application				
			1		

Comprenensive He	aitii Assessiileiit	, FOIIII		
7 to 9 Months Old	Actual Age: Date:			
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Fathe	r □ Other:		
Parent's Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable	
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No				
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:				
Current Medications/Vi	tamins: □ See Medicatio	n List		
Interval History				
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 □ Abnorma	al		
Sleep Position	□ Supine □ Prone	□ Side		
Fluoride Use	Drinks fluoridated water or	takes suppleme	nts: □Yes □No	
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s □ No	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents	
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Other:			, -	
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for socia □ Changes in family since □ Problems with housing, for □ Family stressors (mental	e last visit (move, j ood, employment, t	ransportation	

□ 1 Parent □ 2 Parents □ Other:

Lives with

	Screening Tools	High R
Name:	DOB	: MR#:

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

Comprehensive He	alth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective	)		Anticipatory Guidance Health education preference	• •	,
			Diet, Nutrition & Exer	cise	
			☐ Introduction to meats & proteins	<ul><li>□ Fortified Infant Cereals</li></ul>	☐ Mashed table food
			☐ Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			<b>Accident Prevention</b>	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	□ Electrical outlet covers
Assessment			☐ Routine dental care	☐ Choking hazards	☐ Allow to feed self
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Understands "no" but not discipline
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Childcare plan	☐ Poison control phone number	□ Decreased appetite
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 12 months old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Developmental	☐ Length, Weight & Head Circumference	□ Vaccines entered in CAIR (manufacturer, lot #, VIS
Referrals			D/O, etc.) are completed, dated, &	measurements plotted in WHO	publication dates, etc.)
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA / Nurse	T:41 -	D-4-
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	Signature	Title	Date
□ Other:			Provider Signature	Title	Date
Orders				1,000	
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	□ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	□ MMR (if high risk)	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ PCV (if not up to date)	□ Lipid panel (if high risk)	Notes (include date, tin	me, signature, and title	e on all entries)
☐ Hep B vaccine	<ul> <li>□ Rotavirus</li> <li>Requires 2-3 doses,</li> <li>depends on manufacturer</li> </ul>	□ PPD skin test □ QFT	☐ Member/parent refused th	ne following screening/orde	rs:
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
☐ Influenza vaccine	□ Rx Fluoride drops /	□ ECG			
(Requires two doses by 2 years old)	chewable tabs (0.25 mg QD)	□ COVID 19 test			
□ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					7 to 9 Months Old - Page 2 of 2

combremensive rie	ailii Assessiiieiii	. 1 01111		
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 Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No				
Chronic Problems/Sign  □ DM □ Dialysis □ Hea		None □ See Pr □ HEP C □ H		
☐ Liver Disease ☐ Seizure				
□ Other:				
Current Medications/Vi	tamins: □ See Medicatio	on List		
Interval History				
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No	
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:		
Elimination	□ Normal □ Abnormal			
Has WIC	□ Yes □ No			
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)	)		
Sleep		egression   Nigh	nttime fears	
Vaccines Up to Date	□ Yes □ No	□ See CAIR		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected leath < 50 yrs	
□ Anemia	□ Other:			
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for socia☐ Changes in family since☐ Problems with housing, f☐ Family stressors (mental	e last visit (move, j	ransportation	
Lives with	☐ 1 Parent ☐ 2 Parei	nts   Other:		

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

Alert, no gross sensory or motor deficit

Neurologic

Comprehensive He	alth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective	9		Anticipatory Guidanc Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	☐ Table food
			☐ Whole grains / iron-rich foods	□ Encourage solids	☐ Using cup
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			Accident Prevention 8	& Guidance	
Assessment			☐ <u>Lead poisoning</u> <u>prevention</u>	☐ Rear facing toddler car seat	□ Feeding self
			☐ Routine dental care	☐ Choking hazards	□ Simple games
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Temper tantrum
			☐ Fluoride vamish treatment	☐ Matches / burns	□ Family play
			<ul> <li>☐ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits / training
			Next Appointment		
			□ In 3 months	□ RTC PRN	□ Other:
			Documentation Remir	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIR
Referrals			HEP B, etc.) are completed, dated, &	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	plotted in WHO growth chart	, ,
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		<u> </u>	
□ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel			
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)			
☐ Hep A vaccine (Requires one dose between 12 & 23 months)	□ PCV	☐ Lipid panel (if high risk)	Notes (include date, tir	me, signature, and title	e on all entries)
☐ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	☐ Member/parent refused th	ne following screening/orde	rs:
□ Hib	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Blood Lead (at 12 months)	□ ECG □ COVID 19 test			
□ IPV	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application			
□ Other:	, J/			1	2 to 15 Months Old - Page 2 of 2

combremensive rie	ailii Assessiiieiii	. I OIIII			
16 to 23 Months Old	Actual Age: Date:				
Sex at Birth	□ Male □ Female				
Accompanied by	□ Mother □ Fathe	r 🗆 Other:			
Parent's Primary Language					
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :			
Intake	(See WHO Growth Chart)	Vital S	Signs		
Head Circumference		Temp			
Length		Pulse			
Weight		Resp			
Allergies / Reaction					
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10		
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable		
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No					
Chronic Problems/Sign	ificant Conditions:   !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!				
•		□ HEP C □ H			
<ul> <li>□ Liver Disease</li> <li>□ Seizures</li> <li>□ Uses DME</li> <li>□ ≥ 2 ER visits in 12 months</li> <li>□ Other:</li> </ul>					
Current Medications/Vi	tamins: □ See Medicatio	on 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				
Elimination	□ Normal □ Abnormal				
Has WIC	□ Yes □ No				
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)				
Sleep	□ Regular □ Sleep reg	ression   Night	ttime fears		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma			
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden d	f unexpected eath < 50 yrs		
□ Anemia	□ Other:				
Psychosocial /	☐ Unremarkable for socia		-b d- 0.)		
Behavioral Social Drivers of Health	☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation				
200191 Drivers or meaning	□ Problems with housing for	ood, emblovment ti	alispolialion		
(SDOH)	<ul> <li>□ Problems with housing, for the problems with housing with ho</li></ul>	· ·			

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

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:
Subjective / Objective	е		Anticipatory Guidano Health education preference	• •	•
			Diet, Nutrition & Exer	cise	
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	□ Caloric balance
			☐ Whole grains / iron-rich foods	□ Switch to low-fat milk	☐ Limit candy, chips & ice cream
			□ Physical activity / exercise	□ Regular balanced meal with snacks	□ No bottles
			<b>Accident Prevention</b>	& Guidance	
Assessment			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing toddler car seat	□ Independence
			☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	□ Matches / burns	□ Reading together
			□ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
Dian			☐ Caution with strangers	☐ Poison control phone number	□ Parallel peer play
Plan			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
			Next Appointment		
			☐ At 2 years old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIF
Referrals			Autism, Developmental D/O, HEP B, etc.) are	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	completed, dated, & reviewed by provider	plotted in WHO growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	□ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	□ Lipid panel (if high risk)	Notes (include date, ti	mo signature and titl	o on all ontrios)
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT	☐ Member/parent refused the		,
☐ 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)	☐ COVID 19 lest ☐ Fluoride varnish application			
□ Other:	(0.203 &D)				

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

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

Comprehensive He	ealth Assessment	t Form		Name:	DOB	
Male	Circ / uncircumcised, tes	tes in scrotum			ce (AG) / Education (	•
Female	No lesions, normal exter	nal appearance		Diet, Nutrition & Exe		C.LITTORIC L. OLITOI.
Hips	Good abduction			□ Weight control / obesity	□ Vegetables, fruits	□ Caloric balanc
Femoral pulses	Normal			☐ Whole grains / iron-rich	☐ Switch to low-fat	☐ Limit candy, cl
Extremities	No deformities, full ROM	[ 		foods  ☐ Physical activity /	milk   Regular balanced	cream  ☐ No bottles
Lymph nodes	Not enlarged			exercise  Accident Prevention	meal with snacks	
Back	No scoliosis			□ Lead poisoning	□ Seat belt / Toddler	□ Independence
Skin	Clear, no significant lesion	ons		prevention	car seat	
Neurologic	Alert, no gross sensory of	or motor deficit		□ Routine dental care	☐ Safety helmet	☐ Make-believe
Subjective / Objective	e			□ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
				☐ Fluoride vamish treatment	☐ Matches / burns	□ Reading toget
				☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of dail movements
Assessment				□ Caution with strangers	☐ Poison control phone number	□ Parallel peer p
Assessment				☐ Skin cancer prevention	□ Smoke detector	□ Limit screen ti
				□ Falls	☐ Hot water temp	□ Bedtime
				☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habit
Plan				Next Appointment		
				☐ At 30 months old	□ RTC PRN	□ Other:
				Documentation Rem	inders	
				☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines ente
Referrals				Autism, Developmental D/O, HEP B, etc.) are completed, dated, &	measurements plotted in CDC growth chart	(manufacturer, publication dat
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist		reviewed by provider		
□ Dentist	☐ Dietician / Nutritionist	□ Pulmonologist		MA / Nurse Signature	Title	Date
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or L Education Age		- orginaturo		
□ Other:		<u> </u>	,	Provider Signature	Title	Date
Orders						
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic m	etabolic			
□ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if hi	gh risk)	Notes (include date d	time, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if I	nigh risk)	,	the following screening/orde	<u> </u>
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test			<u> </u>	
☐ Hib (if not up to date)	□ Blood Lead (at 2	□ CXR				
□ Influenza veccine	yrs old)	☐ Urinalysis				
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test				

☐ Rx Fluoride drops /

chewable tabs

(0.25 mg QD)

☐ Fluoride varnish

application

□ IPV (if not up to date)

 $\hfill\Box$  Other:

☐ Caloric balance

□ Reading together

□ Mindful of daily movements

□ Parallel peer play

□ Limit screen time

☐ Toileting habits / training

□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

Date

Date

□ Limit candy, chips & ice

☐ Make-believe / role play

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

Name:	DOB	. 17	IK#:			
Psychosocial / Behavioral Social Drivers of Health	□ Unremarkable for social drivers of health □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment, transportation					
(SDOH) Lives with	☐ Family stressors (menta		iolence/abuse)			
Lives with		nts   Other:	High Risk			
AAP Risk Screener	Screening Tools Used	Low Risk	(see Plan/ Orders/AG)			
Anemia	□ H&P □ Other:					
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> ☐ H&P☐ Other:					
Dental (cavities, no dental home)	□ H&P □ Other:					
Developmental Disorder o	□ ASQ-3 □ SWYC					
Disorder Score:	☐ Other: ☐ CDC HEP Risk		_			
Hepatitis B	□ H&P □ Other:					
Member Risk Assessment	☐ SDOH ☐ PEARLS ☐ H&P ☐ Other:					
Psychosocial /	□ <u>SDOH</u> □ <u>PEARLS</u>					
Behavioral Tuberculosis	☐ H&P ☐ Other: ☐ TB Risk Assessment					
Exposure	☐ Other:					
Growth and Develop	nent					
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dressing				
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	alternating feet				
□ Plays with other children	☐ Knows age, sex, first, & last name	issors				
Physical Examination			WNL			
General appearance	Well-nourished & develo No abuse/neglect eviden					
Head	Symmetrical, A.F. closed					
Eyes	PERRLA, conjunctivae & Red reflexes present, No					
,	Appears to see					
Ears	Appears to see Canals clear, TMs norma					
_	Appears to see	al				
Ears	Appears to see  Canals clear, TMs norma Appears to hear	al k, no lesions				
Ears Nose	Appears to see Canals clear, TMs norma Appears to hear  Passages clear, MM pinh No visible cavities, gross  Pink, no bleeding/inflamr	al k, no lesions ly normal				
Ears Nose Teeth	Appears to see Canals clear, TMs norma Appears to hear Passages clear, MM pinl No visible cavities, gross	al k, no lesions ly normal				
Ears Nose Teeth Mouth / Gums	Appears to see Canals clear, TMs norma Appears to hear Passages clear, MM pink No visible cavities, gross Pink, no bleeding/inflamr Supple, no masses,	al  K, no lesions  ly normal  mation/lesions				
Ears Nose Teeth Mouth / Gums Neck	Appears to see Canals clear, TMs normal Appears to hear  Passages clear, MM pint No visible cavities, gross  Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged	al  c, no lesions  ly normal  mation/lesions				
Ears Nose Teeth Mouth / Gums Neck Chest / Breast	Appears to see Canals clear, TMs normal Appears to hear  Passages clear, MM pint No visible cavities, gross  Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged  Symmetrical, no masses	k, no lesions ly normal mation/lesions				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs  Abdomen	Appears to see Canals clear, TMs norma Appears to hear Passages clear, MM pint No visible cavities, gross Pink, no bleeding/inflamr Supple, no masses, thyroid not enlarged Symmetrical, no masses No organic murmurs, reg	k, no lesions ly normal mation/lesions  jular rhythm terally				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs	Appears to see Canals clear, TMs normal Appears to hear Passages clear, MM pint No visible cavities, gross Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged Symmetrical, no masses No organic murmurs, reg	k, no lesions ly normal mation/lesions  jular rhythm terally				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs  Abdomen	Appears to see Canals clear, TMs normal Appears to hear Passages clear, MM pinton No visible cavities, gross Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged Symmetrical, no masses No organic murmurs, reg	k, no lesions ly normal mation/lesions  gular rhythm terally spleen normal				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs  Abdomen  Genitalia	Appears to see Canals clear, TMs normal Appears to hear Passages clear, MM pinton No visible cavities, gross Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged Symmetrical, no masses No organic murmurs, reg	al  c, no lesions  ly normal  mation/lesions  gular rhythm  terally  spleen normal  tes in scrotum				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs  Abdomen  Genitalia  Male  Female  Hips	Appears to see Canals clear, TMs norma Appears to hear  Passages clear, MM pinh No visible cavities, gross  Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged  Symmetrical, no masses No organic murmurs, reg Clear to auscultation bila  Soft, no masses, liver & s Grossly normal  Circ / uncircumcised, tes	al  c, no lesions  ly normal  mation/lesions  gular rhythm  terally  spleen normal  tes in scrotum				
Ears  Nose  Teeth  Mouth / Gums  Neck  Chest / Breast  Heart  Lungs  Abdomen  Genitalia  Male  Female	Appears to see Canals clear, TMs normal Appears to hear Passages clear, MM pinton No visible cavities, gross Pink, no bleeding/inflamm Supple, no masses, thyroid not enlarged Symmetrical, no masses No organic murmurs, reg	al  x, no lesions  ly normal mation/lesions  gular rhythm terally spleen normal tes in scrotum mal appearance				

Comprehensive He	ealth Assessmen	t Form		Name:	DOB	: MR#:
Skin	Clear, no significant lesion	ons		Anticipatory Guidano Health education preference	•	•
Neurologic	Alert, no gross sensory of	or motor deficit		Diet, Nutrition & Exer		
Subjective / Objective	e			☐ 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	
				□ <u>Lead poisoning</u> <u>prevention</u>	□ Seat belt /Toddler car seat	□ Independence
				☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
Assessment				☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
				☐ Fluoride varnish treatment	□ Matches / burns	☐ Reading together / school readiness
				☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, 8 phone number
				☐ Caution with strangers	☐ Poison control phone number	☐ Plays with other children
				☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
Plan				□ Falls	☐ Hot water temp < 120° F	□ Bedtime
				☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits
				Next Appointment		
				□ At 3 years old	□ RTC PRN	□ Other:
				Documentation Remi	nders	
Referrals				☐ Screening tools (TB, Developmental D/O,	☐ Height / Weight / BMI measurements	□ Vaccines entered in CAll (manufacturer, lot #, VIS
	☐ Optometrist / Ophthalmologist	□ Audiologist		HEP B, etc.) are completed, dated, & reviewed by provider	plotted in CDC growth chart	publication dates, etc.)
□ Dentist	☐ Dietician / Nutritionist	□ Pulmonologist		reviewed by provider		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Loc Education Agenc		MA / Nurse	Title	Date
□ Other:				Signature		
Orders				Provider Signature	Title	Date
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic meta	abolic	3		1 11
□ DTaP	□ PPSV	□ Hct / Hgb (if high	ı risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if hig	gh risk)			
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT		Notes (include date, ti	. •	,
□ IPV	□ Blood Lead (if not	□ CXR		- wember/parent refused t	no ronowing screening/orde	10.
	in chart)	☐ Urinalysis				
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test				
☐ Meningococcal (if high risk)	<ul> <li>□ Rx Fluoride drops / chewable tabs (0.25 mg QD)</li> </ul>	☐ Fluoride varnish application				

 $\square$  Other:

3 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema	le		
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary				
Language Interpreter	□ Yes □ No	□ Refused		
Requested	Name of Interpreter:			
Intake	(See CDC Growth Chart)	Vital S	igns	
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening (if able)	☐ Responded at ≤ 20 dB 500-4000 frequencies		☐ Non coop	
Vision Screening	OD: OS:		☐ Non coop	
Cultural Needs (e.g., cult preference/restrictions, and I		religious practice	•	
professional and meditional boilets).				
Birth Weight: Birth Length: Gestational Age:  Delivery: □ Vaginal □ C-section  Complications: □ Yes □ No  Country of Birth: □ US □ Other:  At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No				
Chronic Problems/Sign  □ DM □ Dialysis □ He  □ Liver Disease □ Seizure  □ Other:	ificant Conditions: □ I art Disease □ HEP B	None □ See Pro □ HEP C □ HI	oblem List V	
Current Medications/Vi	tamins:   See Medication	n List		
Interval History	la			
Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes supplemen	its:□Yes □No	
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:		
Appetite	□ Good □ Fair	□ Poor		
Elimination	□ Normal □ Abnorm	al		
Has WIC	□ Yes □ No			
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)			
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	Enuresis	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		

Name:	DOB: MR#:			
Family History	□ Unremarkable	□ Diabetes		
□ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:		,	
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for social ☐ Changes in family since ☐ Problems with housing, fo ☐ Family stressors (menta	e last visit (move, jood, employment, tr	ansportation	
Lives with	□ 1 Parent □ 2 Parer	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk High R		
Anemia	□ H&P □ Other:			
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> ☐ H&P☐ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Hepatitis B	☐ <u>CDC HEP Risk</u> ☐ H&P☐ Other:			
Member Risk Assessment	☐ SDOH ☐ PEARLS ☐ H&P ☐ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis Exposure	☐ <u>TB Risk Assessment</u> ☐ Other:			
Growth and Developm	nent			
☐ Balances on each foot, 1 second	☐ Eats independently ☐ Helps in dressing		ssing	
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a sino	gle circle	
☐ Plays with several children	☐ Knows age, sex, first, & last name	□ Cuts with sc	issors	
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect eviden			
Head	Symmetrical, A.F. closed			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear	ıl		
Nose	Passages clear, MM pink	x, no lesions		
Teeth	No visible cavities, grossly normal			
Mouth / Gums	/ Gums Pink, no bleeding/inflam			
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 & s	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, test	tes in scrotum		

Comprehensive He	ealth Assessmen	t Form		Name:	DOB	
Female	No lesions, normal exter	rnal appearance		Anticipatory Guidano Health education preference		· ·
Hips	Good abduction			Diet, Nutrition & Exer		
Femoral pulses	Normal			□ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Extremities	No deformities, full ROM			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesion			□ Physical activity / exercise	□ Regular balanced meal with snacks	☐ School lunch program
Neurologic	Alert, no gross sensory of	or motor deficit		Accident Prevention & Guidance		
Subjective / Objective	9			☐ <u>Lead poisoning</u> 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
Assessment				☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
				☐ Caution with strangers	☐ Poison control phone number	□ Plays with other children
				☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
				□ Falls	☐ Hot water temp < 120° F	□ Bedtime
Plan				☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
				Next Appointment		
				☐ At 4 years old	□ RTC PRN	□ Other:
				Documentation Remi	nders	
Defele				☐ Screening tools (TB, HEP B, etc.) are completed, dated, &	☐ Height / Weight / BMI measurements plotted in CDC	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
Referrals	= Onton strict /	□ Audiologist		reviewed by provider	growth chart	
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	☐ Audiologist		MA / Nurse	Title	Date
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		Signature	Title	Date
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Loc Education Agenc		Provider Signature	Title	Date
□ Other:						
Orders						
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic meta panel	abolic			
□ DTaP	□ PPSV	☐ Hct / Hgb (if high	risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high	h risk)	☐ Member/parent refused the	he following screening/orde	rs:
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT				
□ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis				
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG				
☐ Meningococcal (if high	☐ Rx Fluoride drops /	☐ COVID 19 test☐ Fluoride varnish☐				

chewable tabs (0.25 mg/0.50 mg QD)

application

risk)

□ Other:

3 Years Old- Page 2 of 2

4 to 5 Years Old	Actual Age: Date:				
Sex at Birth	□ Male □ Female				
Accompanied by	□ Mother □ Fathe	r   Other:			
Parent's Primary Language					
Interpreter	□ Yes □ No Name of Interpreter:	□ Refused			
Requested Intake	(See CDC Growth Chart)	Vital Signs			
Height	,	Temp			
Weight		BP			
BMI Value		Pulse			
BMI %		Resp			
Allergies / Reaction					
Pain	Location:	4 - 0 - 0 0 40			
Hearing Screening	☐ Responded at ≤ 20 dB				
	500-4000 frequencies				
Vision Screening  Cultural Needs (e.g., cult	OD: OS:	□ Non coop			
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		months: □ Yes □ No takes supplements: □Yes □No last 6 months: □Yes □ No			
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:			
Appetite	□ Good □ Fair	□ Poor			
Elimination	□ Normal □ Abnorma	al			
Has WIC	□ Yes □ No				
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (> 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain				
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □ Enuresis			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			

Name:	DOB	: N	//R#:	
Family History	☐ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden of	of unexpected death < 50 yrs	
□ Anemia	□ Other:		,	
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for socia☐ Changes in family since☐ Problems with housing, fo☐ Family stressors (mentation)	e last visit (move, ood, employment,	job, death) transportation	
Lives with	□ 1 Parent □ 2 Pare	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk High F (see Pl Orders/		
Anemia	□ H&P □ Other:			
Blood Lead Education (At each Well Visit)	☐ Lead Assessment☐ H&P☐ Other:			
Dental (cavities, no dental home)	□ H&P □ Other:			
Dyslipidemia	□ H&P □ Other:			
Hepatitis B	□ CDC HEP Risk □ H&P □ Other:			
Member Risk Assessment	☐ SDOH ☐ PEARLS ☐ H&P ☐ Other:			
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:			
Tuberculosis	□ TB Risk Assessment			
Exposure  Growth and Developr	Other:	CC Crede		
☐ Hops on one foot	□ Counts four pennies	Grade: _  Copies a so	nuare	
☐ Catches, throws a ball	☐ Knows opposites	☐ Recognizes 3-4 colors		
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayo		
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden	•		
Head	Symmetrical			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus		
Ears	Canals clear, TMs norma Appears to hear	al 		
Nose	Passages clear, MM pink	k, no lesions		
Teeth	No visible cavities, gross	ly normal		
Mouth / Gums	Pink, no bleeding/inflammation/lesions			
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, regular rhythm			
Lungs	Clear to auscultation bilaterally			
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			

Comprehensive He				Name:	DOB:	
Male	Circ / uncircumcised, tes	tes in scrotum		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:		
Female	No lesions, normal exter	nal appearance		Diet, Nutrition & Exercise		
Hips	Good abduction			☐ Weight control / obesity	□ Vegetables, fruits	□ Meal socialization
Femoral pulses	Normal			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Extremities	No deformities, full ROM			☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ School lunch program
Skin	Clear, no significant lesion	ons		Accident Prevention		
Neurologic	Alert, no gross sensory of	or motor deficit		☐ Lead poisoning prevention	□ Seat belt	□ Independence
Subjective / Objective	9			□ 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
Assessment				☐ 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
Plan				Next Appointment		
				□ 1 year	□ RTC PRN	□ Other:
				Documentation Remi	nders	
Referrals				□ 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.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist		F /		Г
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		MA / Nurse Signature	Title	Date
□ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Loc Education Agenc				
□ Other:				Provider Signature	Title	Date
Orders						
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic meta	abolic			
□ DTaP	□ PCV13 (if not up to date)	☐ Hct / Hgb (if high	risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high	h risk)	☐ Member/parent refused the		,
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test				
□ IPV	☐ Blood Lead (if not in chart)	□ CXR	are			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	<ul><li>☐ Urinalysis at 5 year</li><li>☐ ECG</li><li>☐ COVID 19 test</li></ul>	वाठ			

 $\hfill\square$  Meningococcal (if high

risk)

 $\hfill\Box$  Other:

☐ Rx Fluoride drops /

chewable tabs (0.25 mg/0.50 mg QD)

□ Fluoride varnish

application

6 to 8 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By Parent's Primary	□ Self □ Parent □ Other:		
Language			
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused	
Intake	(See CDC Growth Chart)	Vital S	Sians
Height	,	Temp	9
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location:		
Hearing Screening	Scale: 0 1 2 3  ☐ Responded at ≤ 20 dB	3 at	9 10 □ Non coop
Vision Screening	500-4000 frequencies OD: OS:	in both ears	'
Cultural Needs (e.g., cult		religious practice	□ Non coop
preference/restrictions, and h			markable
Country of Birth: □ US			
At least 1 parent born in Afric Chronic Problems/Sign			oblem List
□ Asthma □ Cancer □	Depression □ DM □ I	Dialysis 🗆 Hea	art Disease
☐ HEP B ☐ HEP C ☐ H☐ Uses DME ☐ ≥ 2 ER vis	HIV □ HTN □ Liver D	isease □ Seizu	res
□ Other:			
Current Medications/Vi	tamins: □ See Medicatio	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or		
Diet / Nutrition	□ Regular □ Iron-rich		
Appetite	□ Good □ Fair	□ Poor	
	☐ Inactive (little or none)		
Physical Activity	<ul><li>□ Some (&lt; 2 ½ hrs/weel</li><li>□ Active (≥ 60 min/day)</li></ul>	k)	
	☐ Fainting ☐ Sudden se	eizures □ SOB □	Chest pain
Sleep Pattern	□ Regular □ Fatigue	□ Snoring □	Enuresis
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	☐ Family Hx of or sudden d	f unexpected eath < 50 yrs
□ Anemia	□ Other:		•
Psychosocial /	☐ Unremarkable for social drivers of health		-14-\
Behavioral Social Drivers of Health	<ul> <li>□ Changes in family since last visit (move, job, death)</li> <li>□ Problems with housing, food, employment, transportation</li> </ul>		,
(SDOH)	□ Family stressors (menta		•
Lives with	□ 1 Doront □ 2 Doron	oto 🗆 Othor:	

Name:	DOB:	MR#:

Name:	DOB: MR#		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	□ H&P □ Other:		
Dental (cavities, no dental home)	□ H&P □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hepatitis B	☐ CDC HEP Risk☐ H&P☐ Other:		
Member Risk Assessment	☐ <u>SDOH</u> ☐ <u>PEARLS</u> ☐ H&P ☐ Other:		
Psychosocial / Behavioral	□ SDOH □ PEARLS □ H&P □ Other:		
Tuberculosis	☐ TB Risk Assessment		
Exposure  Growth and Developr	other:	ess Grade:	
□ Rides bicycle	☐ Knows right from	☐ Reads for pl	eacure
•	left		Casulc
☐ Ties shoelaces	<ul><li>□ Draws person with 6 parts including clothing</li></ul>	□ Tells time	
☐ Rules and consequences	□ Independence	□ Prints first n	ame
Physical Examination	l		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink		
Teeth	No visible cavities & gros	ssly normal	
Mouth / Gums	Pink, no bleeding/inflammation/lesions		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory or motor deficit		
Subjective / Objective			

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

Comprehensive Health Assessment Form 9 to 12 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied By □ Self □ Parent □ Other: Primary Language Interpreter □ Yes  $\square$  No  $\square$  Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp Weight BP **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain <u>0 1 2 3 4 5 6</u> 7 8 9 10 □ 9-10 Yrs Old: Responded at ≤ 20 dB at 500-4000 frequencies in both ears Hearing Screening □ Non coop □ >11 Yrs Old: Responded at < 20 dB at 500-8000 frequencies in both ears Vision Screening ☐ Non coop Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease ☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease  $\square$  Seizures  $\square$  STI  $\square$  Uses DME  $\square \ge 2$  ER visits in 12 months □ Other: Current Medications/Vitamins: 
☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: ☐Yes ☐No □ Regular □ Low calorie  $\square$  ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Fair  $\square$  Good □ Poor □ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) Physical Activity  $\square$  Active ( $\ge$  60 min/day)  $\square$  Fainting  $\square$  Sudden seizures  $\square$  SOB  $\square$  Chest pain Sleep Pattern □ Regular □ Fatigue □ Snoring □ Enuresis Vaccines Up to Date □ Yes □ No ☐ See CAIR Sexually active □ Yes □ No □ Multiple Partners □ MSM Contraceptive Used □ Other:  $\quad \Box \ \ Condoms$ □ None

□ Menorrhagia

□ Alcohol

□ Other:

LMP (females):

**Current Alcohol /** 

Substance Use ☐ Drugs (specify):

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

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

DOB:

Name:

MR#:

Physical Examination			WNL
General appearance	Well-nourished & develope No abuse/neglect evident	d	
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	normal	
Mouth / Gums	Pink, no bleeding/inflamma	tion/lesions	
Neck	Supple, no masses, thyroid enlarged	Inot	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV	V	
Heart	No organic murmurs, regul	ar rhythm	
Lungs	Clear to auscultation bilate	rally	
Abdomen	Soft, no masses, liver & sp	leen normal	
Genitalia	Grossly normal Tanner stage: I II III IV	V	
Male	Circ / uncircumcised, testes	s in scrotum	
Female	No lesions, normal externa	l 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	<ul><li>□ Optometrist / Ophthalmologist</li></ul>	□ Dietician / Nutri	tionist
□ Drug / ETOH Tx rehab		□ Tobacco cessa	tion class
□ CA Children's Services (CCS)	□ Regional Center □ Early Start or Local Education Agency		
□ OB/GYN:	□ Other:		
Orders			
□ COVID 19 vaccine	□ Tdap	□ CBC/Basic meta	bolic panel
☐ Hep B vaccine (if not given previously)	□ Varicella (if not up to date)	☐ Hct / Hgb (year menstruating)	ly if
□HPV vaccine (if not up to date – requires 2-3 doses between 9-12 yrs)	□ Hep B Panel (if not up to date)	□ Lipid panel (one between 9-11 y	
□ Influenza vaccine	· · · · · · · · · · · · · · · · · · ·	□ PPD skin test	

Name:	DOB	: MR#:		
☐ Meningococcal vaccine (11 to 12 yrs)	<ul><li>☐ HIV (if high risk)</li><li>☐ Herpes</li></ul>	□ CXR □ Urinalysis		
☐ MMR (if not up to date)	□ Syphilis	□ ECG		
	☐ Trichomonas	□ COVID 19 test		
☐ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	□ Other:			
Anticipatory Guidance				
Health education preference  Diet, Nutrition & Exerc		ultimedia 🗆 Other:		
•	□ Vegetables, fruits	□ Lean protein		
□ Weight control / obesity	,			
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	□ Limit candy, chips & ice cream		
☐ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder		
Accident Prevention 8	& 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 2 <sup>nd</sup> hand smoke ☐ Yes ☐ No				
□ Never smoked or used tol	•			
□ Former smoker: # Yrs sm □ Current smoker: # Yrs sm		moked/day Quit date		
Type used: □ Cigarettes □	-	•		
☐ Advised to guit smoking	☐ Discussed smoking	☐ Discussed smoking		
	cessation medication			
Next Appointment				
□ 1 year	□ RTC PRN	□ Other:		
December 12 December 1	- 4			
Documentation Remin	T			
☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR		
Depression/Suicide, HEP B, etc.) are	measurements plotted in CDC	(manufacturer, lot #, VIS publication dates, etc.)		
completed, dated, &	growth chart	publication dates, etc.)		
reviewed by provider				
MA / Nurse				
Signature	Title	Date		
Provider Signature	Title	Date		
	1100	Duit		
Notes (include date, time, signature, and title on all entries)				
☐ Member/parent refused the following screening/orders:				
<u>σ</u> σ				

9 to 12 Years Old - Page 2 of 2

13 to 16 Years Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent □ Other:			
Primary Language				
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :		
Intake	(See CDC Growth Chart)	Vital S	igns	
Height		Temp		
Weight		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction		<u> </u>		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 20 dE 500-8000 frequencies	3 at	☐ Non coop	
Vision Screening	OD: OS:		☐ Non coop	
	Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):			
•	Country of Birth:   Other:			
□ Asthma □ Cancer □ □ HEP B □ HEP C □ H	n Africa, Asia, Pacific Islands: □ Yes □ No  Significant Conditions: □ None □ See Problem List  □ Depression □ DM □ Dialysis □ Heart Disease □ High Cholesterol □ HIV □ HTN □ Liver Disease □ Uses DME □ ≥ 2 ER visits in 12 months			
Current Medications/Vi	tamins: □ See Medicatio	on List		
Interval History				
Dental Home	Dental visit within past 12 Drinks fluoridated water or			
Diet / Nutrition	☐ Regular ☐ Lo		ADA	
Appetite	□ Good □ Fa	nir 🗆 F	Poor	
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (≥ 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Sexually Active	□ Yes □ No □ Multi	ple Partners	MSM	
Contraceptive Used	□ None □ Cond	doms 🗆 (	Other:	
LMP (females):		□ Menorrhagia		
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	☐ IV Drugs-Current☐ IV Drugs-Past Hx	□ Other:		

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

Ears	Canals clear, TMs norm Hearing grossly normal	al	
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, gros	sly normal	
Mouth / Gums	Pink, no bleeding/inflam	mation/lesions	
Neck	Supple, no masses, thy enlarged	roid not	
Chest/Breast (females)	Symmetrical, no masse Tanner stage: I II III		
Heart	No organic murmurs, re	gular rhythm [	
Lungs	Clear to auscultation bil	aterally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, te	stes in scrotum	
Female	No lesions, normal exte	rnal appearance	
Femoral pulses	Normal	[	
Extremities	No deformities, full ROM	<u> </u>	
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 / Nutritioni	st
□ 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 metabo	olic
☐ Hep B vaccine (if not up to date)	□ Varicella (if not up to date)	☐ Hct / Hgb (yearly if menstruating)	
☐ HPV vaccine (if not up	☐ Hep B Panel (if	☐ Lipid panel (if high r	isk)
to date)	high risk)		_
to date)  □ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	□ PPD skin test	

☐ HIV (if high risk)

□ Herpes

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

 $\square$  Other:

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

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

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

□ Urinalysis

□ COVID 19 test

☐ Meningococcal vaccine (if not up to date)

☐ MMR (if not up to date)

□ Rx Fluoride drops /

chewable tabs (0.50 mg/1.0 mg QD)

Anticipatory Guidance (AG) / Education (√if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:					
Diet, Nutrition & 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	<ul> <li>☐ Motor vehicle safety (no texting &amp; driving)</li> </ul>	□ Physical growth			
☐ Smoking/vaping use/exposure	□ Routine dental care	□ Sexuality			
□ Never smoked or used tobacco products □ Former smoker: # Yrs smoked # Cigarettes smoked/day Quit date □ Current smoker: # Yrs smoked # Cigarettes smoked/day  Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other: □ Advised to quit smoking □ Discussed smoking □ Discussed smoking					
Next Appointment	cessation medication	cessation strategies			
• • • • • • • • • • • • • • • • • • • •	_ DT0 DD1	- OII			
□ 1 year	□ RTC PRN	□ Other:			
Documentation Remir	nders				
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
MA / Nurse	Title	Date			
Signature	Title	Date			
Provider Signature	Title	Date			
1 Tovider Signature	TILLE	Date			
Notes (include date, time, signature, and title on all entries)					
☐ Member/parent refused the following screening/orders:					

DOB:

Name:

MR#:

17 to 20 Years	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied By	□ Self □ Parent	□ Other:		
Primary Language				
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :		
Intake	(See CDC Growth Chart)	Vital S	Signs	
Height		Temp		
Weight  □ Significant loss/gain:lbs		BP		
BMI Value		Pulse		
BMI %		Resp		
Allergies / Reaction			1	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Hearing Screening	☐ Responded at ≤ 20 dE 500-8000 frequencies	3 at	□ Non coop	
Vision Screening	OD: OS:		□ Non coop	
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):				
Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No				
Dental Home	Dental visit within past 12	2 months: □ Yes	□ No	
Advance Directive Info given/discussed	☐ Yes ☐ Refused Starting at 18 years old	d		
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 ☐ Mo			beir-care	
☐ Taking 0.4 to 0.8 mg of folic a	cid daily (females of reproducti	ive age)		
Interval History				
Diet / Nutrition	☐ Regular ☐ Lo		ADA	
Appetite	□ Good □ Fa	air 🗆	Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/weel ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden se	k)	□ Chest pain	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	·	
Sexually Active	□ Yes □ No □ Multi	ple Partners □	MSM	
Contraceptive Used	□ None □ Condoms	□ Other:		
LMP (females):	G P A	☐ Menorrhagia	ı	
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:		

Name:	DOB	: IV	IR#:		
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma			
☐ High cholesterol	□ Cancer	☐ Family Hx or or sudden d	f unexpected eath < 50 yrs		
□ Anemia	□ Other:				
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social drivers of health     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment, transportation     □ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Parents □ Other:				
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Alcohol Misuse	□ <u>CRAFFT</u> □ Other:				
Anemia	□ H&P □ Other:				
Dental (cavities, no dental home)	□ H&P □ Other:				
Depression Score:	□ PHQ-9A □ Other:				
Drug Misuse Score:	□ <u>CRAFFT</u> □ Other:				
Dyslipidemia	□ H&P □ Other:				
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:				
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:				
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:				
Member Risk Assessment	□ SDOH □ PEARLS □ ACEs □ H&P □ Other:				
Psychosocial / Behavioral	□ SDOH □ PEARLS □ ACEs □ H&P □ Other:				
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:				
Sudden Cardiac Arrest	□ <u>SCD</u> □ H&P □ Other:				
Suicide	□ ASQ □ PHQ-9A □ Other:				
Tobacco Use / Exposure	☐ SHA ☐ CRAFFT☐ H&P ☐ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:				
Growth and Developm	nent / School Progre	SS Grade: _			
☐ Hobbies / work	□ Plays sports	□ Plays / lister	ns to music		
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on ne responsibilit			
<ul> <li>☐ Improved social skills;</li> <li>maintains family</li> <li>relationships</li> </ul>	☐ Sets goals & works towards achieving them	☐ Preparation education, of marriage &	career,		
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect evider				
Head	No lesions				

Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	
Ears	Canals clear, TMs normal Hearing grossly normal	
Nose	Passages clear, MM pink, no lesions	
Teeth	No visible cavities, grossly normal	
Mouth / Gums	Pink, no bleeding/inflammation/lesions	
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:	
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		
-	9	
-		
Subjective / Objective		
Subjective / Objective		
Subjective / Objective Assessment Plan		
Subjective / Objective Assessment Plan Referrals		
Subjective / Objective Assessment Plan	□ Optometrist/ □ Dietician/ Nutr	itionist
Subjective / Objective Assessment Plan Referrals	□ Optometrist/ □ Dietician/ Nutr	
Subjective / Objective  Assessment  Plan  Referrals  Dentist	□ Optometrist/ □ Dietician/ Nutr	ation class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services	□ Optometrist/ □ Dietician/ Nutrophthalmologist □ Behavioral health □ Tobacco cess □ Regional Center □ Early Start or limited.	ation class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)	□ Optometrist/ Ophthalmologist □ Behavioral health □ Regional Center □ Early Start or Education Age	ation class
Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN	□ Optometrist/ Ophthalmologist □ Behavioral health □ Tobacco cess □ Regional Center □ Early Start or Education Age □ Other:	ation class Local ency
Subjective / Objective  Assessment  Plan  Referrals  Dentist  Drug / ETOH Tx rehab  CA Children's Services (CCS)  OB/GYN  Orders	□ Optometrist/ Ophthalmologist □ Behavioral health □ Tobacco cess: □ Regional Center □ Early Start or Education Age: □ Other:	ation class Local ency

 $\ \square$  PPD skin test

□ COVID 19 test

 $\ \square \ \mathsf{QFT}$ 

□ CXR□ Urinalysis

□ ECG

 $\hfill\Box$  Influenza vaccine

☐ Meningococcal vaccine (if not up to date)

☐ MMR (if not up to date)

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

□ Gonorrhea

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

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

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

□ HIV (if high risk)

Name:	DOB:	: MR#:
□ Tdap	□ Other:	
Anticipatory Guidanc Health education preference		
Diet, Nutrition & Exerc	cise	
☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Accident Prevention 8	& 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 / Cessa		d smoke □ Yes □ No
□ Never smoked or used tol		
<ul><li>☐ Former smoker: # Yrs sm</li><li>☐ Current smoker: # Yrs sm</li></ul>		
Type used: □ Cigarettes □		
☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:
<b>Documentation Remin</b>	nders	
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
MA / Nivers		
MA / Nurse Signature	Title	Date
Provider Signature	Title	Date
Notes (include date, tir		,
☐ Member/parent refused the second refused refused the second refused refused the second refused ref	ne following screening/order	rs:

17 to 20 Years Old - Page 2 of 2

#### Comprehensive Health Assessment Form 21 to 39 Years: Actual Age: Date: Female at Birth Primary Language □ Yes □ No □ Refused Interpreter Requested Name of Interpreter: Intake **Vital Signs** Allergies / Reaction Temp ΒP Height Weight Pulse □ Significant loss/gain: **BMI Value** Resp Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No Dental Home Dental visit within past 12 months: ☐ Yes ☐ No Advance Directive □ Yes □ Refused Info Given/Discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List $\square$ Asthma $\square$ Cancer $\square$ Depression $\square$ DM $\square$ Dialysis $\square$ Heart Disease $\square$ HEP B $\square$ HEP C $\square$ High Cholesterol $\square$ HIV $\square$ HTN $\square$ Liver Disease $\square$ Seizures $\square$ STI $\square$ Uses DME $\square \ge 2$ ER visits in 12 months $\square$ Other: Functional Limitations (check all that apply): □ Unremarkable $\square$ Seeing $\square$ Hearing $\square$ Mobility $\square$ Communication $\square$ Cognition $\square$ Self-care Current Medications/Vitamins: ☐ See Medication List □ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females) Education (last grade completed): Health education preference: $\square$ Verbal $\square$ Visual $\square$ Multimedia $\square$ Other: **Interval History** □ Regular □ Low calorie $\square$ ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite $\square$ Good □ Fair $\square$ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) $\square$ Active ( $\ge 2 \frac{1}{2}$ hrs per week w/ 2 days strength training) LMP: □ Pregnant G Р □ Menorrhagia Sexually Active □ Yes □ No □ Multiple Partners

□ None □ Condoms □ Other:

Has anyone physically hurt you?

☐ Unremarkable for social drivers of health

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

Has anyone threatened you?

Has anyone insulted or humiliated you? ☐ Yes ☐ No

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

□ WNI

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

□ Yes □ No

 $\square$  Yes  $\square$  No

In the last 12 months:

Date:

Contraceptive Used

**Intimate Partner** 

Last PAP/HPV

**Social Drivers of** 

Health (SDOH)

Violence

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

DOB:

MR#:

Comprehensive Hea	Ith Assessment	Form		Name:	DOB:	MR#:
Chest / Breast	Symmetrical, no masse	S		<b>Anticipatory Guidance</b>	(AG) / Education ( $$	if discussed)
Heart	No organic murmurs, re	gular rhythm		Diet, Nutrition & Exerci	se	
Lungs	Clear to auscultation bi	aterally		☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Abdomen	Soft, no masses, liver 8	spleen normal		☐ Whole grains /	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice
Genitalia	Grossly normal			iron-rich foods  ☐ Physical activity /	salty foods  ☐ Healthy food	cream  ☐ Eating disorder
Female	No lesions, normal exte	rnal		exercise	choices	
Vaginal exam	appearance Done or completed else	ewhere		Accident Prevention &	Т	
	OB/GYN name:			☐ Alcohol/drug/substance misuse counseling	<ul><li>☐ Avoid risk-taking behavior</li></ul>	□ Independence
Femoral pulses	Present & equal			☐ Routine dental care	☐ Gun safety	☐ Personal development
Extremities	No deformities, full ROI	М		☐ Signs of depression	☐ Violent behavior	□ Goals in life
Lymph nodes	Not enlarged			(suicidal ideation)  □ Intimate partner violence	☐ Mindful of daily	☐ Family support, social
Back	No scoliosis				movements	interaction & communication
Skin	Clear, no significant les	ions		□ Diabetes management	☐ Motor vehicle safety (DUI / no	☐ Academic or work plans
Neurologic	Alert, no gross sensory	or motor deficit			texting & driving)	
Subjective / Objective				☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Self-breast exam
				☐ Skin cancer prevention	☐ Safety helmet	□ Breastfeeding
				☐ Smoking/vaping	□ ASA use	☐ Sex education (partner
				use/exposure Tobacco Use / Cessati	<u> </u> on	selection)
Plan				□ Former smoker: # Yrs smol □ Current smoker: # Yrs smol Type used: □ Cigarettes □ C □ Advised to quit smoking	ked # Cigarettes sm	oked/day ng products □ Other: □ Discussed smoking
				Next Appointment	oosadaan medication	occounter strategies
				□ 1 year	□ RTC PRN	□ Other:
Referrals				,		
	-01.11	- B: :: /N /		Documentation Remind	ders	
□ Dentist	□ Optometrist / Ophthalmologist	□ Dietician / Nutr	itionist	☐ Screening tools (TB,	□ Vaccines entered in	□ Problem / Medication
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessa	ation class	Depression, HEP B, etc.) are completed, dated, &	CAIR (manufacturer, lot #, VIS publication	Lists updated
□ OB/GYN:	□ Other:			reviewed by provider	dates, etc.)	
Orders				F	-	
□ COVID 19 vaccine /	□ Varicella (if not up to date)	☐ CBC / Basic m	etabolic	MA / Nurse Signature	Title	Date
☐ Hep B vaccine (if not up	☐ Hep B Panel (if	□ Hct / Hgb				
to date)	high risk)	☐ Lipid panel		Provider Signature	Title	Date
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	□ Low to modera statin	ite dose			
□ Influenza vaccine	<ul><li>□ Chlamydia</li><li>□ Gonorrhea</li></ul>	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>				
☐ Meningococcal vaccine (if	☐ HIV (if high risk)	□ CXR		<u> </u>		
not up to date)	□ Herpes	□ Urinalysis		Notes (include date, tim	e, signature, and title	on all entries)
☐ MMR (if not up to date)	☐ Syphilis	□ ECG				d d. M. 100/
☐ Pneumococcal (if high	☐ Trichomonas ☐ Rx for folic acid	<ul> <li>□ COVID 19 test</li> <li>□ Fasting plasma</li> </ul>		☐ Member refused the followi	ng screening/orders:	
risk)	0.4-0.8mg daily	HbA1C				

□ PAP

□ HPV

☐ Bone Density Test

□ Tdap

 $\hfill\Box$  Other:

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

□ IV Drugs-Current

□ IV Drugs-Past Hx

□ Lives/lived with

someone HBV+

□ None

□ Cancer

□ Other:

□ Diabetes

□ Asthma

□ Other:

Substance Use

☐ Drugs (specify):

Family History

☐ Heart disease / HTN

☐ High cholesterol

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

DOD.

BAD4

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

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

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

□ WNL

 $\square$  WNL

□ WNL

Date:

Date:

Date:

Last PAP/HPV

Last Mammogram

Last Colonoscopy

Name: DOB: MR#:				
Social Drivers of	☐ Unremarkable for social drivers of health			
Health (SDOH)	<ul><li>☐ Changes since last visit</li><li>☐ Problems with housing, f</li></ul>		,	
(02011)	☐ Stressors (mental illness		-	
Current Alcohol / Substance Use	□ None	□ Alcohol		
☐ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:		
Family History	□ None	□ Diabetes		
□ Heart disease / HTN	□ Lives/lived with someone HBV+	☐ Hip fracture	е	
☐ High cholesterol	□ Cancer	□ Other:		
Immunization History / Date	□ None	□ □ See <u>CA</u>	<u>IR</u>	
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:		
□ COVID Booster(s):	□ MMR:	□ Varicella: □ Exempt (DO non-healthca		
□ Hepatitis B:	□ Pneumococcal:	□ Other:		
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Alcohol Misuse	□ TAPS □ Other:			
Breast Cancer (Starting at 40 yrs old)	□ H&P □ Other:			
Cervical Cancer	□ H&P □ Other:			
Colorectal Cancer	□ H&P □ Other:			
Depression Score:	□ PHQ2 □ PHQ9 □ Other:			
Diabetes	□ H&P □ Other:			
Drug Misuse Score:	□ <u>TAPS</u> □ Other:			
Dyslipidemia	□ H&P □ Other:			
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:			
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:			
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:			
Intimate Partner Violence	□ SDOH □ HITS □ H&P □ Other:			
Member Risk Assessment	□ <u>SDOH</u> □ <u>ACEs</u> □ H&P □ Other:			
Obesity	□ H&P □ Other:			
Osteoporosis	□ H&P □ Other:			
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:			
Tobacco Use	☐ SHA ☐ TAPS ☐ H&P ☐ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:			
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect evident			
Head	No lesions			

DOR:

MD#

Comprehensive He	alth Assessment	Form		Name:	DOB:	MR#:
Eyes	PERRLA, conjunctivae & Vision grossly normal			☐ Zoster (if high risk)	□ PAP □ HPV	<ul><li>□ Bone Density Test</li><li>□ Mammogram</li></ul>
Ears	Canals clear, TMs norma Hearing grossly normal	I		□ Other:	LI III V	□ Wallinogram
Nose	Passages clear, MM pink	, no lesions		Anticipatory Guidanc	e (AG) / Education (√	if discussed)
Teeth	No visible cavities, gross	y normal		Diet, Nutrition & Exerc	cise	
Mouth / Gums	Pink, no bleeding/inflamn	nation/lesions		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Neck	Supple, no masses, thyro enlarged	id not		□ Whole grains /	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice
Chest / Breast	Symmetrical, no masses			iron-rich foods  ☐ Physical activity /	salty foods  ☐ Healthy food choices	cream  □ Eating disorder
Heart	No organic murmurs, reg	ular rhythm		exercise	Ouidana.	
Lungs	Clear to auscultation bila	erally		Accident Prevention 8  □ Alcohol/drug/substance	Avoid risk-taking	□ Independence
Abdomen	Soft, no masses, liver & s	pleen normal		misuse counseling	behavior	·
Genitalia	Grossly normal			☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
Female	No lesions, normal exterr appearance	nal		☐ Mental health (emotional support)	□ Violent behavior	☐ Goals in life
Vaginal exam	Done or completed elsew OB/GYN name:	here		□ Diabetes management	☐ Mindful of daily movements	□ Work activities
Femoral pulses	Present & equal			□ Intimate partner	☐ Motor vehicle safety	☐ Family support, social
Extremities	No deformities, full ROM			violence	(DUI / no texting & driving)	interaction & communication
Lymph nodes	Not enlarged			<ul><li>Sex education (partner selection)</li></ul>	□ Seat belt	☐ Self-breast exam
Back	No scoliosis			☐ Safe sex practices (condoms, contraception,	□ Safety helmet	☐ Aging process
Skin	Clear, no significant lesio	ns		HIV/AIDS)  □ Smoking/vaping	□ Routine dental care	□ Perimenopause
Neurologic	Alert, no gross sensory o	r motor deficit		use/exposure Tobacco Use / Cessa	tion	education
Subjective / Objective Assessment	7			□ Never smoked or used tol □ Former smoker: # Yrs sm □ Current smoker: # Yrs sm Type used: □ Cigarettes □	oked # Cigarettes sm oked # Cigarettes sm Chewing tobacco □ Vapir	ng products   Other:
				☐ Advised to quit smoking	☐ Discussed smoking cessation medication	<ul> <li>□ Discussed smoking cessation strategies</li> </ul>
Plan				Next Appointment		
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutr	ritionist	Documentation Remir	ndore	
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessa	ation class	□ Screening tools (TB,	□ Vaccines entered in	□ Problem / Medication
□ OB/GYN	□ Other:			Depression, HEP B, etc.) are completed,	CAIR (manufacturer, lot #, VIS publication	Lists updated
Orders				dated, & reviewed by provider	dates, etc.)	
□ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic m	etabolic	MA / No	Ī	
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel		MA / Nurse Signature	Title	Date
□ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	□ PPD skin test □ QFT		Provider Signature	Title	Date
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	□ CXR □ Urinalysis		Provider Signature	Title	Dale
□ Pneumococcal (if high	□ Syphilis	□ ECG				
risk) □ Tdap	☐ Trichomonas ☐ Rx for folic acid 0.4-	☐ COVID 19 test☐ Fasting plasma		Notes (include date, tir	me, signature, and title	on all entries)
	0.8mg daily	☐ Oral glucose to	-	☐ Member refused the follow	ving screening/orders:	
□ Varicella (if not up to date)	<ul><li>□ gFOBT or Fit</li><li>□ Colonoscopy</li></ul>	<ul><li>☐ HbA1C</li><li>☐ Low to modera</li></ul>	ate dose			

□ Colonoscopy

 $\hfill\square$  Low to moderate dose

statin

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

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

□ Alcohol

□ Other:

□ Diabetes

□ Asthma

□ Other:

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx □ Unremarkable

□ Lives/lived with

□ Cancer

someone HBV+

**Current Alcohol /** 

**Substance Use** □ Drugs (specify):

**Family History** ☐ Heart disease / HTN

☐ High cholesterol

Immunization History / Date	□ None	□ See CAIF	2
□ COVID #1:	□ Influenza:	□ Tdap:	
□ COVID #2:	_ 11115	- >/ : "	
□ COVID Booster(s):	□ MMR:	☐ Varicella: ☐ Exempt (D	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	and women
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	□ <u>TAPS</u> □ Other:		
Colorectal Cancer	□ H&P □ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse Score:	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other::		
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:		
Tobacco Use	☐ SHA ☐ TAPS ☐ H&P ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae &	sclerae clear	
Ears	Vision grossly normal Canals clear, TMs normal		
Nose	Hearing grossly normal  Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossly		
Mouth / Gums	Pink, no bleeding/inflamm	ation/lesions	
Neck	Supple, no masses, thyro enlarged	id not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & s normal	pleen	
Genitalia	Grossly normal		
Male	Circ/uncircumcised, testes	s in scrotum	

Prostate Exam / Rectal

DOB:

Name:

MR#:

Comprehensive Healt	<u>:h Assessment For</u>	m	Name:	DOB:	MR#:
Femoral pulses	Present & equal		Anticipatory Guidance (A	G) / Education (√ if dis	scussed)
Extremities	No deformities, full ROM		Diet, Nutrition & Exercise		
Lymph nodes	Not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Back	No scoliosis		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesio		□ Physical activity / exercise	☐ Healthy food	□ Eating disorder
Neurologic	Alert, no gross sensory o motor deficit	r $\Box$	Accident Prevention & Gu	choices idance	
Subjective / Objective			☐ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
			misuse counseling  Signs of depression (suicidal ideation)	behavior  Gun safety	□ Personal
			☐ Mental health (emotional support)	□ Violent behavior	development  ☐ Goals in life
			☐ Diabetes management	☐ Mindful of daily movements	□ Work activities
Assessment			☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
			☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Testicular self-exam
			☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	□ Routine dental care
			Tobacco Use / Cessation		
			□ Never smoked or used tobacco	•	
Plan			☐ Former smoker: # Yrs smoked	-	/day Quit date
			☐ Current smoker: # Yrs smoked  Type used: ☐ Cigarettes ☐ Cheven		•
			☐ Advised to quit smoking	□ Discussed smoking	☐ Discussed smoking
			, ,	cessation medication	cessation strategies
			Next Appointment	T.	
			□ 1 year	□ RTC PRN	□ Other:
Referrals			D	_	
□ Dentist	□ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist	Documentation Reminder		□ Droblem / Medication
□ Drug / ETOH Tx rehab	□ Behavioral health	☐ Tobacco cessation class	☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication	□ Problem / Medication Lists updated
□ Other:			by provider	dates, etc.)	
Ordoro			MA / Nurse Signature	Title	Date
Orders	— Han D Daniel ('think	- ODO / Davis			
<ul> <li>□ COVID 19 vaccine / booster</li> </ul>	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel	Provider Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	<ul><li>☐ Hct / Hgb</li><li>☐ Lipid panel</li></ul>	<u> </u>		
□ Influenza vaccine	□ Chlamydia □ Gonorrhea	☐ Low to moderate dose statin			
☐ MMR (if not up to date)	□ HIV	□ PPD skin test			
	□ Herpes	□ QFT	Notes (include date, time, s	signature, and title on a	all entries)
☐ Pneumococcal vaccine	☐ Syphilis	□ CXR	☐ Member refused the following s	creening/orders:	
□ Tdon	☐ Trichomonas	□ Urinalysis □ ECG	2 22 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<b>J</b>	
□ Tdap	<ul><li>□ gFOBT or Fit</li><li>□ Colonoscopy</li></ul>	☐ COVID 19 test			
□ Varicella (if not up to date)	□ HbA1C	☐ Fasting plasma			
□ Zoster	□ PSA	☐ Oral glucose tolerance test			

□ Other:

#### **Comprehensive Health Assessment Form** Name: 50+ Years: Actual Age: Date: Female at Birth Primary Language Interpreter □ Yes □ No □ Refused Requested Name of Interpreter: Intake **Vital Signs** Allergies / Reaction Temp ΒP Height Weight Pulse □ Significant loss/gain: **BMI Value** Resp Location: Pain Scale: 0 1 2 3 4 5 6 7 8 9 10 Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: □ US □ Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No **Dental Home** Dental visit within past 12 months: ☐ Yes ☐ No **Advance Directive** □ Yes □ Refused Info Given/Discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List $\square$ Asthma $\square$ Cancer $\square$ Depression $\square$ DM $\square$ Dialysis $\square$ Heart Disease ☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable $\hfill\Box$ Seeing $\hfill\Box$ Hearing $\hfill\Box$ Mobility $\hfill\Box$ Communication $\hfill\Box$ Cognition $\hfill\Box$ Self-care Current Medications/Vitamins: □ See Medication List Education (last grade completed): Health education preference: $\square$ Verbal $\square$ Visual $\square$ Multimedia $\square$ Other: **Interval History** □ Regular □ Low calorie □ ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite $\square$ Good □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (> 2 ½ hrs per week w/ 2 days strength training) □ Menorrhagia LMP: Α G Ρ □ Menopause Hysterectomy □ Partial □ Total Sexually active □ Yes □ No ☐ Multiple Partners Contraceptive Used □ None □ Condoms □ Other: Last PAP/HPV Date: □ WNL

 $\square$  WNL

□ WNL

☐ Problems with housing, food, employment, transportation

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

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

Date:

Date:

Last Mammogram

Last Colonoscopy

Social Drivers of

Health (SDOH)

Current Alcohol / Substance Use	□ None	□ Alcohol	
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:	
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
□ COVID #1:	□ Influenza:	□ Zoster:	
□ COVID #2:			
□ COVID Booster(s):	<ul><li>☐ MMR:</li><li>☐ Exempt (DOB &lt;1957 &amp; non-healthcare worker)</li></ul>	□ Varicella: □ Exempt (non-healthcare worker)	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/
Alcohol Misuse			Orders/AG)
Score:	□ <u>TAPS</u> □ Other:		
Breast Cancer	□ H&P □ Other:		
Cervical Cancer	□ H&P □ Other:		
Cognitive Health (Start at 65 yrs old) Score: *May be used as member risk assessment	□ MINI-COG □ AD8 □ Other:		
Colorectal Cancer	□ H&P □ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse Score:	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Lung Cancer	□ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other:		
Osteoporosis	□ H&P □ Other:		
Sexually Transmitted Infections	□ SHA □ H&P □ Other:		
Tobacco Use	□ SHA □ TAPS □ H&P □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination	E Outor.		WNL
General appearance	Well-nourished & develo		
Head	No lesions		
Eyes	PERRLA, conjunctivae 8 Vision grossly normal	sclerae clear	

DOB:

MR#:

Comprehensive He	alth Assessment I	orm		Name:	DOB	: MR#:
Ears	Canals clear, TMs normal Hearing grossly normal					smoke or have quit within past 15 years)
Nose	Passages clear, MM pink,	no lesions		□ Other:		, , ,
Teeth	No visible cavities, grossly	normal		Anticipatory Guidance	e (AG) / Education (	√ if discussed)
Mouth / Gums	Pink, no bleeding/inflamma	ation/lesions		Diet, Nutrition & Exer	cise	
Neck	Supple, no masses, thyroid	d not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Chest / Breast	Symmetrical, no masses			☐ Whole grains /	□ Limit fatty, sugary &	☐ Limit candy, chips & ice
Heart	No organic murmurs, regu	ar rhythm		□ Physical activity /	salty foods  □ Healthy food	cream  □ Eating disorder
Lungs	Clear to auscultation bilate	rally		Accident Prevention 8	choices  Ruidance	
Abdomen	Soft, no masses, liver & sp	leen normal		☐ Alcohol/drug/substance	□ ASA use	□ Independence
Genitalia	Grossly normal			misuse counseling  ☐ Signs of depression	☐ Gun safety	□ Personal development
Female	No lesions, normal externa	l appearance		(suicidal ideation)	☐ Goals in life	☐ Aging process
Vaginal exam	Done or completed elsewh OB/GYN name:	ere		(emotional support)		
Femoral pulses	Present & equal			☐ Diabetes management	<ul> <li>Mindful of daily movements</li> </ul>	☐ Work or retirement activities
Extremities	No deformities, full ROM			☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
Lymph nodes	Not enlarged			□ Safe sex practices	□ Seat belt	□ Self-breast exam
Back	No scoliosis			(condoms, contraception,		
Skin	Clear, no significant lesion	s		HIV/AIDS)  □ Smoking/vaping	□ Routine dental care	□ Perimenopause education
Neurologic	Alert, no gross sensory or	motor deficit		use/exposure Tobacco Use / Cessa		
Assessment				☐ Former smoker: # Yrs sm ☐ Current smoker: # Yrs sm Type used: ☐ Cigarettes ☐	oked # Cigarettes si	•
				☐ Advised to quit smoking	☐ Discussed smoking cessation medication	<ul> <li>□ Discussed smoking cessation strategies</li> </ul>
Plan				Next Appointment		
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist		□ Dietician / Nutrit	ionist			
☐ Drug / ETOH Tx rehab	Ophthalmologist   Behavioral health	□ Tobacco cessat	ion class	Documentation Remin		l =
□ OB/GYN	□ Other:			☐ Screening tools (TB, Depression, HEP B,	<ul> <li>□ Vaccines entered in CAIR (manufacturer,</li> </ul>	☐ Problem / Medication Lists updated
Orders				etc.) are completed, dated, & reviewed by	lot #, VIS publication dates, etc.)	
□ COVID 19 vaccine / booster	☐ Hep C Antibody test (if high risk)	☐ CBC / Basic me	tabolic	provider		
☐ Hep B vaccine (if not up	\ 0 /	□ Hct / Hgb		MA / Nurse Signature	Title	Date
to date)		□ Lipid panel □ PPD skin test		Gigilature	I	
□ Influenza vaccine	( 3 - /	□ PPD skin test □ QFT		Duariday Ciamatrus	T:41 a	Dete
☐ MMR (if not up to date)	□ Syphilis	□ CXR		Provider Signature	Title	Date
_ D		□ Urinalysis				
□ Pneumococcal		□ ECG □ COVID 19 test		Nata - Carloda data ti		II
□ Tdap	· ·	□ Fasting plasma	•	Notes (include date, tin	. •	e on all entries)
□ Varicella (if not up to		□ Oral glucose tole □ HbA1C	erance test	☐ Member refused the follow	wing screening/orders:	
date)	□ HPV	□ Low to moderate	e dose statin			
□ Zoster	~	□ Low Dose CT (2				
☐ Hep B Panel (if	□ Bone Density Test	smoking history	& currently			

☐ Hep B Panel (if high risk)

☐ Bone Density Test

#### Comprehensive Health Assessment Form 50+ Years: Actual Age: Date: Male at Birth Primary Language □ No □ Yes □ Refused Interpreter Requested Name of Interpreter: Intake Vital Signs Allergies / Reaction Temp ΒP Height Weight Pulse □ Significant loss/gain: \_ **BMI Value** Resp Location: Pain Scale: 0 1 2 3 4 5 6 7 8 9 10 Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Country of Birth: US Other: At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No Dental Home Dental visit within past 12 months: ☐ Yes ☐ No Advance Directive □ Yes □ Refused Info Given/Discussed Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease $\square$ HEP B $\square$ HEP C $\square$ High Cholesterol $\square$ HIV $\square$ HTN $\square$ Liver Disease $\square$ Seizures $\square$ STI $\square$ Uses DME $\square \ge 2$ ER visits in 12 months $\square$ Other: Functional Limitations (check all that apply): ☐ Unremarkable $\square$ Seeing $\square$ Hearing $\square$ Mobility $\square$ Communication $\square$ Cognition $\square$ Self-care Current Medications/Vitamins: ☐ See Medication List Education (last grade completed): Health education preference: $\square$ Verbal $\square$ Visual $\square$ Multimedia $\square$ Other: **Interval History** □ Regular □ Low calorie $\square$ ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Fair $\square$ Good □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training) Sexually active ☐ Yes ☐ No ☐ Multiple Partners ☐ MSM Contraceptive Used □ None □ Condoms □ Other: Last Colonoscopy Date: $\quad \square \ \mathsf{WNL}$

☐ Unremarkable for social drivers of health

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

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

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

□ Alcohol

□ Other:

**Social Drivers of Health** 

Current Alcohol /

Substance Use □ Drugs (specify):

(SDOH)

Name:	DOB:	MR#	<u> </u>
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
□ COVID #1:	□ Influenza:	□ Zoster:	
□ COVID #2:			
□ COVID Booster(s):	☐ MMR: ☐ Exempt (DOB <1957 & non-healthcare worker)	<ul><li>□ Varicella:</li><li>□ Exempt (no worker)</li></ul>	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Abdominal Aortic	☐ H&P ☐ Other:		
Aneurism Alcohol Misuse	- TADO - Ollege	_	_
Score:	□ <u>TAPS</u> □ Other:		
Cognitive Health (Start at 65 yrs old) Score: *May be used as member risk assessment	□ MINI-COG □ AD8 □ Other:		
Colorectal Cancer	☐ H&P ☐ Other:		
Depression Score:	□ PHQ2 □ PHQ9 □ Other:		
Diabetes	□ H&P □ Other:		
Drug Misuse Score:	□ <u>TAPS</u> □ Other:		
Dyslipidemia	□ H&P □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk □ H&P □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk☐ H&P☐ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ H&P □ Other:		
Lung Cancer	□ H&P □ Other:		
Member Risk Assessment	□ SDOH □ ACEs □ H&P □ Other:		
Obesity	□ H&P □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> □ H&P □ Other:		
Tobacco Use	☐ SHA ☐ TAPS ☐ H&P ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossly	y normal	
Mouth / Gums	Pink, no bleeding/inflammation/lesions □		

DOR:

MR#.

Neck	Supple, no masses, thyro enlarged	id not
Chest	Symmetrical, no masses	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilate	erally $\square$
Abdomen	Soft, no masses, liver & s	pleen
Genitalia	Grossly normal	
Male	Circ /uncircumcised, tester Prostate Exam / Rectal	es in scrotum
Femoral pulses	Present & equal	
Extremities	No deformities, full ROM	
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesion	ns 🗆
Neurologic	Alert, no gross sensory or	
Subjective / Objective	motor deficit	
- Casjoonito / Cajoonito		
Assessment		
Addeddinent		
Plan		
Fidii		
5.		
Referrals	= Orbanskist/	- District Al Life in
Referrals  □ Dentist	□ Optometrist / Ophthalmologist	□ Dietician / Nutritionist
	•	□ Dietician / Nutritionist □ Tobacco cessation class
□ Dentist	Ophthalmologist	□ Tobacco cessation
□ Dentist □ Drug / ETOH Tx rehab	Ophthalmologist	□ Tobacco cessation
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine /	Ophthalmologist  Behavioral health  Hep B Panel (if high	□ Tobacco cessation class □ CBC / Basic
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to	Ophthalmologist  Behavioral health  Hep B Panel (if high risk)  Hep C Antibody test	□ Tobacco cessation class □ CBC / Basic metabolic panel □ Hct / Hgb
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date)	Ophthalmologist  ☐ Behavioral health  ☐ Hep B Panel (if high risk)  ☐ Hep C Antibody test (if high risk)	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to	Ophthalmologist  Behavioral health  Hep B Panel (if high risk)  Hep C Antibody test	□ Tobacco cessation class □ CBC / Basic metabolic panel □ Hct / Hgb
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date)	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date)	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia □ Gonorrhea □ HIV (if high risk)	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date)	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes  □ Syphilis  □ Trichomonas  □ gFOBT or Fit	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal □ Tdap	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia □ Gonorrhea  □ HIV (if high risk) □ Herpes □ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes  □ Syphilis  □ Trichomonas  □ gFOBT or Fit  □ Colonoscopy  □ Low Dose CT (20-pack year smoking	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal □ Tdap	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk) □ Hep C Antibody test (if high risk) □ Chlamydia □ Gonorrhea □ HIV (if high risk) □ Herpes □ Syphilis □ Trichomonas □ gFOBT or Fit □ Colonoscopy □ Low Dose CT (20-pack year smoking history & currently smoke or have quit	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal □ Tdap □ Varicella (if not up to date)	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes  □ Syphilis  □ Trichomonas  □ gFOBT or Fit  □ Colonoscopy  □ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose tolerance test
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal □ Tdap	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes  □ Syphilis  □ Trichomonas  □ gFOBT or Fit  □ Colonoscopy  □ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)  □ AAA Ultrasound (65 to 75 who have	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose
□ Dentist □ Drug / ETOH Tx rehab □ Other:  Orders □ COVID 19 vaccine / booster □ Hep B vaccine (if not up to date) □ Influenza □ MMR (if not up to date) □ Pneumococcal □ Tdap □ Varicella (if not up to date)	Ophthalmologist  □ Behavioral health  □ Hep B Panel (if high risk)  □ Hep C Antibody test (if high risk)  □ Chlamydia  □ Gonorrhea  □ HIV (if high risk)  □ Herpes  □ Syphilis  □ Trichomonas  □ gFOBT or Fit  □ Colonoscopy  □ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)  □ AAA Ultrasound	□ Tobacco cessation class  □ CBC / Basic metabolic panel □ Hct / Hgb □ Lipid panel □ Low to moderate dose statin □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG □ COVID 19 test □ Fasting plasma glucose □ Oral glucose tolerance test

Name:	DOB:	MR#:
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Anticipatory Guidance (AC	3) / Education (√ if disc	
		cussed)
Diet, Nutrition & Exercise		
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Accident Prevention & Gui		
□ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
misuse counseling	behavior	
☐ Signs of depression (suicidal ideation)	☐ Gun safety	<ul> <li>□ Personal development</li> </ul>
□ 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
□ 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
<b>.</b>		