COMPREHENSIVE HEALTH ASSESSMENT FORMS

INDEX

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

and carry action and area on any or the mine
<u>Under 1 Month Old</u>
1 to 2 Months Old
3 to 4 Months Old
5 to 6 Months Old
7 to 9 Months Old
12 to 15 Months Old
16 to 23 Months Old
2 Years Old
30 Months Old
3 Years Old
4 to 5 Years Old
6 to 8 Years Old
9 to 12 Years Old
13 to 16 Years Old
17 to 20 Years Old
21 to 39 Years Old - Female
21 to 39 Years Old - Male
40 to 49 Years Old - Female
40 to 49 Years Old - Male
50+ Years Old - Female

50+ Years Old - Male

COMPREHENSIVE HEALTH ASSESSMENT FORMS

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Comprehensive He			
Under 1 Month Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused	
Intake	(See WHO Growth Chart)	Vital Signs	;
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Cultural Needs (e.g., cult preference/restrictions, and h		religious practices, die □ Unremarka	
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born in	☐ C-section ☐ No ☐ Other:	estational Age: Islands: □ Yes	□ No
OB/GYN Provider: Post-Partum Appointment	ent Date:		
Cord		Present	
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:			
Current Medications/Vi	tamins: See Medication	n List	
Interval History			
Nutrition	☐ Breastfed every ☐ Formulaoz e Formula Type or Bran	every hours	
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+ par	ents
☐ High cholesterol	□ Cancer	□ Family Hx of unex or sudden death <	
☐ Childhood hearing impairment	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing, □ Family stressors (mental)	e last visit (move, job, dea food, employment	ath)
Lives with	□ 1 Parent □ 2 Pare	nts □ Other:	

Name:	DOR	: IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developn	nent		
☐ Prone, lifts head briefly	☐ Turns head side to side	□ Responds to	sound
☐ Moro reflex	☐ Blinks at bright light	☐ Keeps hand:	s in a fist
Physical Examination			WNL
General appearance	Well-nourished & 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	k, no lesions	
Mouth / Palate	Oral mucosa pink, no cle	ft lip or palate	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, 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 Assessmen	t	Name:	DOB	: MR#:
Assessment			Anticipatory Guidance 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	
			□ Lead poisoning	□ 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 CAI (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals					
□ WIC	☐ Audiologist	☐ Optometrist /	Notes (include date, ti		<u> </u>
	_ / table.og.ot	Ophthalmologist	☐ Member/parent refused the	he following screening/orde	ers:
☐ Maternal Behavioral Health	□ Regional Center	☐ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders					
□ Hep B vaccine	□ Newborn metabolic screen	☐ Obtain newborn hospital records & hearing screen results			
☐ Hep B Panel (if at risk)	□ Other:	Todalo			

1 to 2 Months Old	Actual Age:	Date:			
Sex at Birth	□ Male □ Fema				
Accompanied by	□ Mother □ Father □ Other:				
Parent's Primary					
Language Interpreter	□ Yes □ No	□ Refused			
Requested	Name of Interpreter:				
Intake	(See WHO Growth Chart)	Vital S	Signs		
Head Circumference		Temp			
Length		Pulse			
Weight		Resp			
Allergies / Reaction					
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10		
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable		
Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other:					
At least 1 parent born in OB/GYN Provider:		Islanus. 🗆	Yes □ No		
Post-Partum Appointment Date: Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:					
Current Medications/Vi	tamins: See Medication	n List			
Interval History					
Feedings	☐ Breastfed every ☐ Formulaoz € Formula Type or Bran	every hou	ırs		
Elimination	□ Normal □ Abnorma				
Has WIC	□ Yes □ No				
Sleep	□ Normal □ Abnorm	al			
Sleep Position	□ Supine □ Prone	□ Side			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HB\	/+ parents		
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs		
□ Other:			•		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment □ Family stressors (mental illness, drugs, violence/abuse)				

Name:	DOB:	N	IR#:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:				
Hepatitis B	☐ <u>CDC HEP Risk</u> ,☐ H&P,☐ Other:				
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:				
Growth and Developr	ment				
☐ Prone, lifts head 45°	□ Vocalizes (cooing)	☐ Grasps rattle	е		
□ Kicks	□ Follows past midline	☐ Smiles responsible (social)	onsively		
Physical Examination	1		WNL		
General appearance	Well-nourished & develo 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	c, no lesions			
Mouth / Pharynx	Oral mucosa pink, no les	ions			
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 exteri	nal appearance			
Hips	Good abduction, leg leng	ths equal			
Femoral pulses	Present and equal				
Extremities	No deformities, full ROM				
Skin	Clear, no significant lesion	ons			
Neurologic	Alert, no gross sensory of	r motor deficit			
Subjective / Objective					

Comprehensive He	ealth Assessmer	nt	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 8	& Guidance		
			☐ <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, tir	. •	,	
□ Other:			☐ Member/parent refused th	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:					
					1 to 2 Months Old - Page 2 of 2	

DOB:

3 to 4 Months Old	Actual Age:	Date:			
Sex at Birth	□ Male □ Female				
Accompanied by	□ Mother □ Father □ Other:				
Parent's Primary Language					
Interpreter Requested	☐ Yes ☐ No Name of Interpreter				
Intake	(See WHO Growth Chart)	Vital S	igns		
Head Circumference		Temp	•		
Length		Pulse			
Weight		Resp			
Allergies / Reaction		'			
Pain	Location:	4 5 0 7 0	0.40		
Cultural Needs (e.g., cult preference/restrictions, and h		religious practice			
Birth Weight: Birth Length: Gestational Age: Delivery: _ Vaginal _ C-section Complications: _ Yes _ No Country of Birth: _ US _ Other:					
	in Africa, Asia, Pacific Islands: □ Yes □ No □ Vaginal □ C-Section				
Delivery	Complications □ Yes □ No				
Chronic Problems/Significant Conditions: □ None □ See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:					
Current Medications/Vi	tamins: See Medication	on List			
Interval History					
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran		ırs		
Elimination	□ Normal □ Abnorma				
Has WIC	□ Yes □ No				
Sleep	□ Normal □ Abnorma	al			
Sleep Position	□ Supine □ Prone	□ Side			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	+ parents		
☐ High cholesterol	□ Cancer	☐ Family Hx of	unexpected eath < 50 yrs		
□ Anemia	□ Other:	or sudden de	Jan > 30 yis		
Dyadic Behavioral / Social Determinants of Health (SDOH) Lives with	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing, □ Family stressors (mentally 1 Parent	e last visit (move, jo food, employment al illness, drugs, vio	bb, death)		
FIACS MITH	□ 1 Parent □ 2 Parer	nts Other:			

Name:	DOB	: IV	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:		
Growth and Developm			
☐ 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 & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	jular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Present and equal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	or motor deficit	

Subjective / Objective			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	☐ Signs of hunger
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	□ Childcare plan
Assessment			☐ 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				1	
□ <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 			
□ Other:			Notes (include date, til	me, signature, and titl	e on all entries)
Orders			☐ Member/parent refused th	he following screening/orde	ers:
□ COVID 19 vaccine	☐ Influenza vaccine	☐ CBC / Basic metabolic panel			
□ DTaP	□ IPV	□ Hct / Hgb			
☐ Hep B vaccine (if not up to date)	□ PCV	□ PPD skin test			
□ Hib	□ Rotavirus	□ QFT □ ECG			
□ DToD	□ IDV	□ COVID 19 test			
□ DTaP	□ IPV	□ Iron-fortified formula□ Iron supplements			
□ Other:					0. (11 // 200 - 200

Name:

Comprenensive He	aith Assessment						
5 to 6 Months Old	Actual Age:	Date:					
Sex at Birth	□ Male □ Female						
Accompanied by	□ Mother □ Fathe	□ 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	ural background/traditions,	religious practice					
Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US	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							
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran	every hou	urs				
Elimination	□ Normal □ Abnorma	al					
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:							
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing, □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t				
Lives with		nts Other:	,				

Name:	DOB	. IV	R#:

Name:	DOR:	. IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Blood Lead Education (Start at 6 months)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:		
Growth and Developn			
□ No head lag when pulled to sitting	□ Sits briefly alone	□ Orients to be	
☐ 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 & developed No abuse/neglect eviden		
Head	Symmetrical, A.F. open _	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs normated Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	Present, grossly normal, No visible cavities		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, Thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, 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 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	r motor deficit	

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective	e		Anticipatory Guidance Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Introduction to solids	☐ Fortified Infant Cereals	☐ Start solid foods one at a time
			☐ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing infant car seat	□ Electrical outlet covers
A			☐ Routine dental care	☐ Choking hazards	□ Blocks
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Repetitive games
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Caution with strangers	☐ Poison control phone number	□ Bathing
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			☐ Signs of maternal depression	☐ Hot water temp < 120° F	□ Bedtime
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	Doto
	□ Optometrist /	□ Audialogiat	Signature	Title	Date
□ <u>WIC</u>	Ophthalmologist	□ Audiologist			
 ☐ Maternal Behavioral Health 	□ Dietician / Nutritionist	☐ Pulmonologist	Provider Signature	Title	Date
□ Dentist	□ Regional Center	☐ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders			Nata - Carloda data ti		II f-i \
□ COVID 19 vaccine	□ IPV	□ CBC / Basic metabolic panel	Notes (include date, ti ☐ Member/parent refused the		,
□ DTaP	□ PCV	□ Hct / Hgb	,	<u> </u>	
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test □ QFT			
☐ Hep B vaccine	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
□ Hib	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ ECG □ COVID 19 test			
□ Influenza vaccine	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					

comprehensive me	aitii Assessiileiit	is .	
7 to 9 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r □ Other:	
Parent's Primary Language			
Interpreter 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	nealthcare beliefs):	□ Unrer	markable
Birth Weight: Birth Weight: Vaginal Complications: Yes Country of Birth: US At least 1 parent born in Chronic Problems/Sign	☐ C-section S ☐ No ☐ Other: n Africa, Asia, Pacific ifficant Conditions: ☐ N	Islands: \	Yes □ No oblem List
□ DM □ Dialysis □ Hea □ Liver Disease □ Seizure □ Other:	es □ Uses DME □ ≥ 2	PER visits in 12 m	
Current Medications/Vi	łamins: □ See Medicatio	on List	
Interval History			
Diet / Nutrition	□ Regular □ Iron-rich	foods Other:	
Feedings	☐ Breastfed every ☐ 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 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 HBV	/+ parents
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs
□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing, □ Family stressors (mental)	e last visit (move, jo , food, employmen	ob, death) t
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)
Adverse Childhood	□ <u>PEARLS</u> ,	П	П
Experiences	☐ Other:		
Blood Lead Education (At each Well Visit)	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 9 months) Score:	□ ASQ-3, □ SWYC, □ Other:		
Dyadic Behavioral / SDOH	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P, ☐ Other:		
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developr	nent		
☐ Sits without support	□ Transfers object hand to hand	□ Looks for to	y dropped
□ Begins to crawl	□ Rolls over	□ Says "mama	a" or "dada"
□ Pulls to stand	□ Feeds self, cracker	□ Scribbles	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open	cm	

Physical Examination	1	WNL
General appearance	Well-nourished & developed No abuse/neglect evident	
Head	Symmetrical, A.F. opencm	
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	
Ears	Canals clear, TMs normal Appears to hear	
Nose	Passages clear, MM pink, no lesions	
Teeth	Present, grossly normal, No visible cavities	
Mouth / Pharynx	Oral mucosa pink, no lesions	
Neck	Supple, no masses, thyroid not enlarged	
Chest / Breast	Symmetrical, no masses	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilaterally	
Abdomen	Soft, no masses, liver & spleen normal	
Genitalia	Grossly normal	
Male	Circ / uncircumcised, testes in scrotum	
Female	No lesions, normal external appearance	
Hips	Good abduction	
Femoral pulses	Normal	
Extremities	No deformities, full ROM	
Skin	Clear, no significant lesions	

Neurologic

Alert, no gross sensory or motor deficit

Comprehensive He	ealth Assessment	<u>:</u>	Name:	DOB	
Subjective / Objective	•		Anticipatory Guidance Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Introduction to meats & proteins	☐ Fortified Infant Cereals	☐ Mashed table food
			□ Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			Accident Prevention	& 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 vamish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Physical growth
			☐ Childcare plan	□ Poison control phone number	□ Decreased appetite
			☐ Skin cancer prevention	□ Smoke detector	□ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		,
			☐ At 12 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			□ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIR
Referrals			HEP B, Developmental D/O, etc.) are	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist /	□ Audiologist	completed, dated, & reviewed by provider	plotted in WHO growth chart	
□ Dentist	Ophthalmologist □ Dietician / Nutritionist	□ Pulmonologist	MA / Noves		[
☐ CA Children's Services	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
(CCS) □ Other:		Education Agency			
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	☐ MMR (if high risk)	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ PCV (if not up to date)	☐ Lipid panel (if high risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep B vaccine	□ Rotavirus	☐ PPD skin test☐ QFT	☐ Member/parent refused the		,
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis			
☐ Influenza vaccine	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ ECG □ COVID 19 test			
□ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					7 to 9 Months Old - Page 2 of 2

12 to 15 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema		
Accompanied by	□ Mother □ Fathe		
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter	· 	
Intake	(See WHO Growth Chart)	Vital S	Signs
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3		
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable
Birth Weight: Birth Weight: Vaginal Complications: Yes Country of Birth: US	□ C-section s □ No □ Other:	estational Age	
Chronic Problems/Sign □ DM □ Dialysis □ He. □ Liver Disease □ Seizure □ Other:	ificant Conditions: □ Nart Disease □ HEP B □	None □ See Pr □ HEP C □ H	oblem List IV
Current Medications/Vi	tamins: □ See Medicatio	on List	
Current Medications/Vi	tamins: □ See Medicatio	on List	
	tamins: See Medication Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	months: □ Yes □	nts: □Yes □No
Interval History	Dental visit within past 12 Drinks fluoridated water or	months: □ Yes □ takes supplemental last 6 months: □	nts: □Yes □No □Yes □ No
Interval History Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	months: Yes takes supplementate 6 months: foods Other:	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in □ Regular □ Iron-rich	months: Yes takes supplementate 6 months: foods Other:	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition Elimination	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in □ Regular □ Iron-rich □ Normal □ Abnorm	months: Yes takes supplementast 6 months: foods Other:	nts: □Yes □No □Yes □ No
Dental Home Diet / Nutrition Elimination Has WIC	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day)	months: Yes takes supplementast 6 months: foods Other:	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day)	months: Yes takes supplement last 6 months: foods Other:	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep re	months: Yes takes supplemented last 6 months: foods Other: al	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep Vaccines Up to Date	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep re	months: Yes takes supplementated from this: foods Other: al	nts: □Yes □No □Yes □ No
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep Vaccines Up to Date Family History	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep re	months:	nts:
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep Vaccines Up to Date Family History Heart disease / HTN	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep recomply Sleep r	months:	nts:
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia Dyadic Behavioral /	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep recommended by the someone HBV+ Cancer Other:	months:	nts: □Yes □No iYes □ No httime fears /+ parents f unexpected eath < 50 yrs tional support
Interval History Dental Home Diet / Nutrition Elimination Has WIC Physical Activity Sleep Vaccines Up to Date Family History Heart disease / HTN High cholesterol Anemia	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in Regular Iron-rich Normal Abnorm Yes No Inactive (little or none) Some (< 30 min/day) Active (> 30 min/day) Regular Sleep recomply No Unremarkable Lives/lived with someone HBV+ Cancer Other:	months: Yes Takes supplementalst 6 months: Takes supplementalst 6 months: Takes supplementalst 6 months: Takes supplementalst 6 months: Takes supplementalst 6 months 1 months	nts: □Yes □No iYes □ No httime fears /+ parents f unexpected eath < 50 yrs tional support ob, death) t

Name:	DOR:	: IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
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:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developm	nent		
□ Walks alone well	☐ Three-word vocabulary	□ Stacks two-l	olock tower
□ Stoops and recovers	□ Plays pat-a-cake	□ Says "mama	" or "dada"
☐ Takes lids off containers	□ Feeds self □ Scribbles		
Physical Examination			WNL
General appearance	Well-nourished & developed No abuse/neglect 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, no lesions		
Teeth	No visible cavities, grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	•	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes		
Female	No lesions, normal exteri	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion		
Neurologic	Alert, no gross sensory of	i motor delicit	

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective			Anticipatory Guidano 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	& 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 varnish treatment	☐ Matches / burns	□ Family play
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
Dis			☐ 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 Remi	nders	
Referrals			☐ Screening tools (TB, HEP B, etc.) are completed, dated, &	□ Length, Weight & Head Circumference measurements	□ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist	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		1	2000
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)			
□ Hep A vaccine	□ PCV	□ Lipid panel (if high risk)			
□ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	Notes (include date, ti		,
□ Hib	☐ Hep B Panel (if high risk)	□ CXR □ Urinalysis	☐ Member/parent refused t	ne rollowing screening/orde	15.
□ 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:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

oompremensive ric	ditii Assessificiii		
16 to 23 Months Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	le	
Accompanied by	□ Mother □ Fathe	r 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	☐ 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: Bi Delivery: _ Vaginal Complications: _ Yes Country of Birth: _ US At least 1 parent born in Chronic Problems/Sign _ DM _ Dialysis _ Hei _ Liver Disease _ Seizure	□ C-section S □ No □ Other: n Africa, Asia, Pacific ificant Conditions: □ I art Disease □ HEP B □	None □ See Pr □ HEP C □ H	Yes □ No oblem List
□ Other:			
Current Medications/Vi	tamıns: □ 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 □ Abnorm	al	
Has WIC	□ Yes □ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day))	
Sleep	□ Regular □ Sleep reg	ression Night	ttime fears
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ 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:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh□ Changes in family since□ Problems with housing,	e last visit (move, j food, employmen	ob, death) t
ricaitii (ODOII)	□ Family stressors (mental	ai iliness, drugs, vi	olerice/abuse)

Name: DOB	: MR#:
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name.	םטע.	IV	K#.
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
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)	☐ Lead Assessment, ☐ H&P, ☐ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 18 months) Score:	□ ASQ-3, □ SWYC, □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developm	nent		
□ Walks alone fast	☐ 7 to 20-word vocabulary	□ Stacks three	-block tower
□ Climbs	□ Names 5 body parts	□ Says "mama	a" or "dada"
☐ Kicks a ball	☐ Indicates wants by pointing and pulling	☐ Sips from cu	ıp, a little
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	
Teeth	No visible cavities & gros	ssly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
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		
Female	No lesions, normal exteri		
Hips Femoral pulses	Good abduction, leg leng	jui equal	
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion		
J	Courtons of Antho		oviced 10/16/23

Comprehensive He	alth Assessmen	<u> </u>	Name:	DOR	
Neurologic	Alert, no gross sensory of	or motor deficit	Anticipatory Guidano		
Subjective / Objective)		Diet, Nutrition & Exer		uitimedia 🗆 Other:
			<u> </u>		Colorio bolonos
			 Relaxed atmosphere / Avoid rushing while eating 	□ Vegetables, fruits	☐ Caloric balance
			☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	□ Limit candy, chips & ice cream
			□ Physical activity / exercise	☐ Regular balanced meal with snacks	□ No bottles
			Accident Prevention	& Guidance	
			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing toddler car seat	□ Independence
Assessment			□ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Dressing self
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Reading together
			 □ Family support, social interaction & communication 	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	□ Parallel peer play
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ 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 CAIR
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	Flovider Signature	TILLE	Date
☐ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if high risk)			
☐ Hep B vaccine (if not up to date)	□ Varicella (2 nd Dose)	□ PPD skin test	Notes (include date, ti	. •	,
☐ Hib (if not up to date)	☐ Blood Lead	□ CXR	☐ Member/parent refused the	ne rollowing screening/orde	PIS:
, , ,		□ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
☐ IPV (if not up to date)	□ Rx Fluoride drops / chewable tabs	☐ Fluoride varnish application			

□ Other:

Comprehensive Health Assessment 2 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language Interpreter □ Yes □ No □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Allergies / Reaction Temp Pulse Height Resp Weight **BMI Value** BMI % 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 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: \square None \square See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □ \geq 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 Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: **Appetite** \square Good □ Fair □ Poor Elimination □ Normal □ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none) Physical Activity □ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day) Sleep Pattern \square Regular \square Sleep regression \square Nighttime fears Vaccines Up to Date □ Yes □ No ☐ See CAIR □ Unremarkable □ Diabetes **Family History** ☐ Heart disease / HTN ☐ Lives/lived with □ Asthma someone HBV+ ☐ High cholesterol □ Cancer $\hfill\Box$ Family Hx of unexpected or sudden death < 50 yrs □ Other: □ Anemia

Name:	DOB	: IV	IR#:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment □ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Pare	nts Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Anemia	□ H&P, □ Other:				
Autism Disorder	 □ ASQ-3, □ 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:				
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:				
Dyslipidemia	□ H&P, □ Other:				
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:				
Growth and Developm	nent				
□ Runs well, walks up and down	□ Identifies 5 body parts	□ Helps aroun	d the house		
☐ Jumps off the ground with both feet	□ Plays hide and seek	□ Stacks three	e-block tower		
☐ Puts 2 or more words together	☐ Kicks and throws a ball	☐ Handles spo	oon well		
☐ 7 to 20-word vocabulary	□ Name at least 1 color	□ Puts on sim	ple clothes		
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect eviden	•			
Head	Symmetrical, A.F. closed	I			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see				
Ears	Canals clear, TMs norma Appears to hear	al			
Nose	Passages clear, MM pink	k, no lesions			
Teeth	No visible cavities, gross	ly normal			
Mouth / Pharynx	Oral mucosa pink, no les	ions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses				
Heart	No organic murmurs, reg	jular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	spleen normal			

Comprehensive He	ealth Assessmen	t	Nam
Genitalia	Grossly normal		Ant Heal
Male	Circ / uncircumcised, tes	stes in scrotum	Diet
Female	No lesions, normal exter	rnal appearance	□ W
Hips	Good abduction		□ W
Femoral pulses	Normal		fo
Extremities	No deformities, full ROM	I 🗆	ex
Lymph nodes	Not enlarged		Acc
Back	No scoliosis		□ <u>Le</u> pr
Skin	Clear, no significant lesi		□R
Neurologic	Alert, no gross sensory		□ Bi
	• •	of filotof deficit	flu
Subjective / Objectiv	<u> </u>		tr
			in
			cc
			□S
Assessment			□ Fi
			□ E
			Nex
Plan			□ A:
			Doc
			□S
Defermale			Ai Di
Referrals	□ Ontomotriot /	□ Audiologiet	re
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA Sig
□ CA Children's Services	□ Regional Center	□ Early Start or Local	oig
(CCS) Other:		Education Agency	
Orders			Pro
☐ COVID 19 vaccine	☐ Meningococcal (if	□ CBC / Basic metabolic	
	high risk)	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)	Not
☐ Hep B vaccine (if not up	□ Varicella (2 nd Dose)	□ PPD skin test	□ M
to date)	- PL - L/ - 1/ - 1/	□ QFT	
☐ Hib (if not up to date)	□ Blood Lead (at 2 yrs old)	□ CXR □ Urinalysis	
□ Influenza vaccine	☐ Hep B Panel (if	□ ECG	
☐ IPV (if not up to date)	high risk) ☐ Rx Fluoride drops /	□ COVID 19 test □ Fluoride varnish	
□ II v (II not up to uate)	chewable tabs (0.25 mg QD)	application	
	(v.Ev mg QD)		1 1

□ Other:

Name:	DOB:	: MR#:						
Anticipatory Guidano		•						
Health education preference Diet, Nutrition & Exer		uitimedia 🗆 Other:						
□ Weight control / obesity	□ Vegetables, fruits	□ Caloric balance						
	-							
□ Whole grains / iron-rich foods	☐ Switch to low-fat milk	□ Limit candy, chips & ice cream						
 □ Physical activity / exercise 	□ Regular balanced meal with snacks	□ No bottles						
Accident Prevention								
□ <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	□ Matches / burns	□ Reading together						
treatment Family support, social interaction &	☐ Violence prevention, gun safety	☐ Mindful of daily movements						
communication Caution with strangers	□ Poison control	□ Parallel peer play						
☐ Skin cancer prevention	phone number ☐ Smoke detector	□ Limit screen time						
□ Falls	☐ Hot water temp	□ Bedtime						
□ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training						
Next Appointment	iciico							
☐ At 30 Months Old	□ RTC PRN	□ Other:						
D								
Documentation Remi		- Vassias and addis OAID						
 □ Screening tools (TB, Autism, Developmental D/O, HEP B, etc.) are completed, dated, & reviewed by provider 	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)						
MA / Nurse								
Signature	Title	Date						
Provider Signature	Title	Date						
	•							
Notes (include date, ti	me, signature, and title	e on all entries)						
☐ Member/parent refused the	he following screening/order	rs:						
_								

Comprehensive Health Assessment 30 Months Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language Interpreter □ Yes □ No □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Allergies / Reaction Temp Height Pulse Weight Resp **BMI Value** BMI % 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 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: \square None \square See Problem List \Box DM \Box Dialysis \Box Heart Disease \Box HEP B \Box HEP C \Box HIV □ Liver Disease □ Seizures □ Uses DME □ ≥ 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 Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: Appetite \square Good □ Fair □ Poor Elimination □ Normal □ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) □ Active (> 60 min/day) Sleep Pattern □ Regular □ Sleep regression □ Night time fears

Vaccines Up to Date

Family History ☐ Heart disease / HTN

☐ High cholesterol

□ Anemia

□ Yes

□ Unremarkable

☐ Lives/lived with

□ Cancer

□ Other:

someone HBV+

□ No

☐ See CAIR

□ Diabetes

□ Asthma

☐ Family Hx of unexpected

or sudden death < 50 yrs

Name:	DOB:	. N	IR#:	
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parer	nts Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
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 Score:	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ Other:			
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:			
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:			
Growth and Developn	nent			
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dre	ssing	
☐ Uses 3-word sentences	☐ Goes up stairs ☐ Draws a single circle alternating feet			
☐ Plays with other children	☐ Knows age, sex, ☐ Cuts with scissors first, & last name			
Physical Examination			WNL	
General appearance	Well-nourished & developed No abuse/neglect eviden			
Head	Symmetrical, A.F. closed			
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 / Pharynx	Oral mucosa pink, no les	ions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction			

Comprehensive He	ealth Assessment	t	Name:	DOB	: MR#:
Femoral pulses	Normal		Anticipatory Guidano Health education preference	•	•
Extremities	No deformities, full ROM	l 🗆	Diet, Nutrition & Exer		and and an other.
Skin	Clear, no significant lesion	ons 🗆	☐ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Neurologic	Alert, no gross sensory of	or motor deficit	□ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Subjective / Objective	9		□ Physical activity / exercise	□ Regular balanced meal with snacks	□ No bottles
			Accident Prevention	1	
			☐ <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
Assessment			☐ Fluoride varnish treatment	□ Matches / burns	☐ Reading together / school readiness
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
			☐ Caution with strangers	☐ Poison control phone number	□ Plays with other children
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			□ Falls	□ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits
			Next Appointment		
			☐ At 3 Years Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR
Referrals			Developmental D/O, HEP B, etc.) are	measurements plotted in CDC	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	completed, dated, & reviewed by provider	growth chart	publication dates, etc.)
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
☐ Other:			Signature		
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	□ MMR	□ CBC / Basic metabolic panel	Provider Signature	Title	Date
□ DTaP	□ PPSV	☐ Hct / Hgb (if high risk)			
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	□ Lipid panel (if high risk)			
☐ Hep B vaccine (if not up to date)	□ Varicella (2 nd Dose)	□ PPD skin test □ QFT	Notes (include date, ti	. •	,
□ IPV	☐ Blood Lead (if not	□ CXR	☐ Member/parent refused to	ne rollowing screening/orde	IS.
☐ Influenza vaccine	in chart) ☐ Hep B Panel (if	□ Urinalysis □ ECG			
	high risk)	□ COVID 19 test			
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride vamish application			
□ Other:	()				

3 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Fema	ıle	
Accompanied by	□ Mother □ Fathe	er 🗆 Other:	
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction		<u>I</u>	L
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at ≤ 25 dl 1000-4000 frequencie	3 at	□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Birth Weight: B	irth Lenath: G	estational Age	
Complications: ☐ Yes Country of Birth: ☐ US	□ C-section s □ No □ Other:		
Country of Birth: US At least 1 parent born	□ C-section s □ No □ Other: in Africa, Asia, Pacific		Yes □ No
Complications: ☐ Yes Country of Birth: ☐ US	□ C-section s □ No □ Other: _ in Africa, Asia, Pacific ifficant Conditions: □ art Disease □ HEP B	None □ See Pr □ HEP C □ H	Yes □ No oblem List
Complications:	□ C-section s □ No □ Other: in Africa, Asia, Pacific ifficant Conditions: □ art Disease □ HEP B □ es □ Uses DME □ ≥ 2	None □ See Pr □ HEP C □ H PER visits in 12 n	Yes □ No oblem List
Complications:	□ C-section s □ No □ Other: in Africa, Asia, Pacific ifficant Conditions: □ art Disease □ HEP B □ es □ Uses DME □ ≥ 2	None □ See Pr □ HEP C □ H PER visits in 12 n	Yes □ No oblem List
Complications:	□ C-section s □ No □ Other: in Africa, Asia, Pacific ifficant Conditions: □ art Disease □ HEP B □ es □ Uses DME □ ≥ 2	None □ See Pr □ HEP C □ H □ ER visits in 12 n on List months: □ Yes to r takes suppleme	Yes □ No oblem List IV nonths □ No nts:□Yes □No
Complications:	□ C-section S □ No □ Other: in Africa, Asia, Pacific inficant Conditions: □ art Disease □ HEP B es □ Uses DME □ ≥ 2 itamins: □ See Medication Dental visit within past 12 Drinks fluoridated water of Fluoride varnish applied in	None □ See Pr □ HEP C □ H □ ER visits in 12 n on List months: □ Yes to r takes suppleme	Yes □ No roblem List IV nonths □ No nts:□Yes □ No
Complications:	□ C-section S □ No □ Other: in Africa, Asia, Pacific inficant Conditions: □ art Disease □ HEP B es □ Uses DME □ ≥ 2 itamins: □ See Medication Dental visit within past 12 Drinks fluoridated water of Fluoride varnish applied in	None □ See Pr □ HEP C □ H P ER visits in 12 n On List months: □ Yes □ r takes suppleme n last 6 months: □	Yes □ No roblem List IV nonths □ No nts:□Yes □ No
Complications:	□ C-section s □ No □ Other: in Africa, Asia, Pacific iificant Conditions: □ iart Disease □ HEP B es □ Uses DME □ ≥ 2 iitamins: □ See Medication Dental visit within past 12 Drinks fluoridated water of Fluoride varnish applied in □ Regular □ Iron-rich	None □ See Pr □ HEP C □ H P ER visits in 12 n on List months: □ Yes □ r takes suppleme n last 6 months: □ n foods □ Other: □ Poor	Yes □ No roblem List IV nonths □ No nts:□Yes □ No

□ Inactive (little or none)

☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)

 $\; \Box \; \mathsf{No}$

 $\ \ \square \ Yes$

 $\hfill\Box$ Regular $\hfill\Box$ Fatigue $\hfill\Box$ Snoring $\hfill\Box$ Enuresis

 $\ \square \ \mathsf{See} \ \underline{\mathsf{CAIR}}$

Physical Activity

Sleep Pattern

Vaccines Up to Date

Name:	DOB	: IV	IR#:		
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma			
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs			
□ Anemia	□ Other:				
Dyadic Behavioral /	☐ WNL - Stable relationsh				
Social Determinants of	☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment				
Health (SDOH)	☐ Froblems with nousing, rood, employment ☐ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Pare	1 Parent □ 2 Parents □ Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood	□ PEARLS,				
Experiences Anemia	☐ Other: ☐ H&P, ☐ Other:				
Blood Lead Education	□ Lead Assessment,	_	_		
(At each Well Visit)	□ H&P, □ Other:				
Dental (cavities, no dental home)	□ H&P, □ Other:				
Dyadic Behavioral / SDOH	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P, ☐ Other:				
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:				
Tobacco Use /	□ <u>SHA</u> ,				
Exposure Tuberculosis	☐ Other: ☐ TB Risk Assessment,				
Exposure	□ Other:				
Growth and Developm	nent				
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dre	ssing		
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a sin	gle circle		
☐ Plays with several children	☐ Knows age, sex, first, & last name	□ Cuts with so	issors		
Physical Examination	ı		WNL		
General appearance	Well-nourished & develo No abuse/neglect evider				
Head	Symmetrical, A.F. closed	I			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see				
Ears	Canals clear, TMs normal Appears to hear	al			
Nose	Passages clear, MM pinl	k, no lesions			
Teeth	No visible cavities, gross	sly normal			
Mouth / Pharynx	Oral mucosa pink, no les	sions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses	1			
Heart	No organic murmurs, reg	gular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	spleen normal			
Genitalia	Grossly normal				

Comprehensive He	ealth Assessment	:		Name:	DOB	: MR#:
Male	Circ / uncircumcised, tes	tes in scrotum		Anticipatory Guidano Health education preference		
Female	No lesions, normal exter	nal appearance		Diet, Nutrition & Exer		
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 /	☐ Regular balanced	□ School lunch program
Skin	Clear, no significant lesion	ons		exercise Accident Prevention	meal with snacks	
Neurologic	Alert, no gross sensory of	or motor deficit		□ Lead poisoning	□ Seat belt /Toddler	□ Independence
Subjective / Objective	e			prevention	car seat	·
				☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
				☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
				☐ Fluoride varnish treatment	☐ Matches / burns	☐ Reading together / school readiness
Assessment				☐ 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		
				☐ At 4 Years Old	□ RTC PRN	□ Other:
				Documentation Remi	nders	
				☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR
Referrals				HEP B, etc.) are completed, dated, & reviewed by provider	measurements plotted in CDC growth chart	(manufacturer, lot #, VIS publication dates, etc.)
□ WIC	□ Optometrist /	☐ Audiologist		reviewed by provider	growth chart	
	Ophthalmologist			MA / Nurse	Title	Date
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist		Signature		
☐ CA Children's Services (CCS)	☐ Regional Center	□ Early Start or L Education Age			I	
□ Other:				Provider Signature	Title	Date
Orders						
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic me	etabolic			
□ DTaP	□ PPSV	☐ Hct / Hgb (if hig	gh 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 h	igh risk)	☐ Member/parent refused the	he following screening/orde	ers:
☐ Hep B vaccine (if not up to date)	□ Varicella (2 nd Dose)	□ PPD skin test				
□ IPV	☐ Blood Lead (if not	□ QFT				
	in chart)	☐ Urinalysis				
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test				
☐ Meningococcal (if high risk)	□ Rx Fluoride drops / chewable tabs	☐ Fluoride varnisi application	h			

 $\hfill\Box$ Other:

Comprehensive Health Assessment 4 to 5 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language □ Yes □ No □ Refused Interpreter Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp ΒP Weight **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: ☐ Responded at < 25 dB at **Hearing Screening** ☐ Non coop 1000-4000 frequencies in both ears Vision Screening OD: OS: ☐ Non coop Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Birth Length: ___ Birth Weight: 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 $\square \ge 2$ 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 Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: Appetite □ Good □ Poor □ Fair Elimination □ Normal □ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none)

□ Some (< 2 ½ hrs/week)

□ No

 $\hfill\Box$ Fainting $\hfill\Box$ Sudden seizures $\hfill\Box$ SOB $\hfill\Box$ Chest pain

□ Fatigue □ Snoring □ Enuresis

☐ See CAIR

□ Active (> 60 min/day)

□ Regular

□ Yes

Physical Activity

Sleep Pattern

Vaccines Up to Date

I TUITIO I	000		11 177 1	
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	□ Family Hx of unexpected or sudden death < 50 yrs		
□ Anemia	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing, □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t	
Lives with	□ 1 Parent □ 2 Pare	nts Other:		
AAP Risk Screener	Screening Tools Used	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
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:			
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:			
Dyslipidemia	□ H&P, □ Other:			
Hepatitis B	□ <u>CDC HEP Risk,</u> □ H&P, □ Other:			
Tobacco Use / Exposure	□ SHA, □ Other:			
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:			
Growth and Developn	nent / School Progre	SS Grade: _		
☐ Hops on one foot	□ Counts four pennies	□ Copies a sq	uare	
☐ Catches, throws a ball	☐ Knows opposites	□ Recognizes	3-4 colors	
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayo finger and the		
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	Symmetrical			
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 / Pharynx	Oral mucosa pink, no les	ions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
	Symmetrical, no masses			
Heart	No organic murmurs, reg			
Heart Lungs	•	Jular rhythm		

DOR:

Nama:

MR#.

Comprehensive He Genitalia	Grossly normal		Name: Anticipatory Guidano	DOB ce (AG) / Education (
	Grossiy normai		Health education preference		•
Male	Circ / uncircumcised, tes	tes in scrotum	Diet, Nutrition & Exer	cise	
Female	No lesions, normal exter	nal appearance	☐ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Hips	Good abduction		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Femoral pulses	Normal		□ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ School lunch program
Extremities	No deformities, full ROM		Accident Prevention		
Skin	Clear, no significant lesi	ons \square	□ Lead poisoning	□ Seat belt	□ Independence
Neurologic	Alert, no gross sensory	or motor deficit	prevention ☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
Subjective / Objective			☐ Brush teeth with	☐ 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
Assessment			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
			Next Appointment		
Plan			□ 1 year	□ RTC PRN	□ Other:
			Documentation Remi	ndere	
			☐ Screening tools (TB, HEP B, etc.) are	☐ Height / Weight / BMI measurements	□ Vaccines entered in CAIR (manufacturer, lot #, VIS
Referrals			completed, dated, & reviewed by provider	plotted in CDC growth chart	publication dates, etc.)
□ <u>WIC</u>	☐ Optometrist / Ophthalmologist	□ Audiologist			
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA / Nurse Signature	Title	Date
□ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Local Education Agency			
□ Other:			Provider Signature	Title	Date
Orders					
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic metabolic panel			
□ 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 risk)	□ Member/parent refused t		,
☐ Hep B vaccine (if not up to date)	□ Varicella (2 nd Dose)	□ PPD skin test	□ Member/parent refused t	ne lollowing screening/orde	13.
□ IPV	☐ Blood Lead (if not	□ QFT			
	in chart)	☐ Urinalysis at 5 years			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			

 $\hfill\square$ Meningococcal (if high

risk)

 $\hfill\Box$ Other:

□ Rx Fluoride drops /

(0.25 mg/0.50 mg QD)

chewable tabs

 $\hfill\Box$ Fluoride varnish

application

Date n all entries) 4 to 5 Years Old - Page 2 of 2 Courtesy of Anthem Blue Cross. Revised 10/16/23

oompremensive ric			
6 to 8 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent	□ Other:	
Parent's Primary Language			
Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter	:	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at ≤ 25 dB 1000-4000 frequencie		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
Country of Birth: At least 1 parent born in Afric		Voc. □ No.	
Chronic Problems/Sign			oblem List
	Depression □ DM □	•	
☐ HEP B ☐ HEP C ☐ H☐ Uses DME ☐ > 2 ER vis	HIV □ HTN □ Liver D	isease □ Seizu	res
□ Other:			
Current Medications/Vi	tamins: See Medication	on List	
Interval History			
Dental Home	Dental visit within past 12 Drinks fluoridated water or		
Diet / Nutrition	□ Regular □ Iron-rich	foods Other:	
Appetite	□ Good □ Fair	□ Poor	
	□ Inactive (little or none)	
Physical Activity	□ Some (< 2 ½ hrs/wee□ Active (≥ 60 min/day)	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:		
Dyadic Behavioral /	☐ WNL - Stable relationsh	•	
Social Determinants of	☐ Changes in family since	, ,	
Health (SDOH)	□ Problems with housing,□ Family stressors (mentage)		
Lives with	□ 1 Parent □ 2 Pare	-	,

Name:	DOR:	: IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	☐ H&P, ☐ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
Growth and Developn		ess Grade:	
□ Rides bicycle	☐ Knows right from	□ Reads for pl	easure
☐ Ties shoelaces	left ☐ Draws person with 6 parts including	□ Tells time	
☐ Rules and consequences	clothing □ Independence	□ Prints first na	ame
Physical Examination			WNL
General appearance	Well-nourished & develor No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs norma Hearing grossly normal	al	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities & gros	ssly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
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	
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 of	r motor deficit	

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective	e		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
			□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
			Accident Prevention	& Guidance	
Accessment			□ Routine dental care	☐ Use of social media	□ Peer pressure
Assessment			☐ <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)	 □ Non-violent conflict resolution 	□ Physical growth
			☐ Form caring & supportive relationships with family & peers	□ Safety helmet □ Seat belt	☐ Daily mindful movemen
			☐ Early Sex education	□ Limit screen time	□ Puberty
			☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	□ Bedtime
Plan			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
			D		
			Documentation Remi	T	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 CA (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	<u> </u>		
☐ CA Children's Services (CCS)	□ Other:				
Orders					
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel	Notes (include date, ti ☐ Member/parent refused the		,
□ 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>></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:				

Comprehensive Health Assessment 9 to 12 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied By □ Self □ Parent □ Other: **Primary Language** Interpreter □ Yes \square No □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp Weight ΒP **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain <u>0 1 2 3 4 5 6</u> 7 8 9 10 \square 9-10 Yrs Old: Responded at \leq 25 dB at 1000-4000 frequencies in both ears Hearing Screening □ Non coop □ >11 Yrs Old: Responded at < 25 dB at 1000-8000 frequencies in both ears Vision Screening OS: ☐ 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) □ Fainting □ Sudden seizures □ SOB □ Chest pain Sleep Pattern □ Regular □ Fatigue □ Snoring □ Enuresis Vaccines Up to Date □ Yes □ No ☐ See CAIR Sexually active □ Yes □ No □ Multiple Partners □ MSM Contraceptive Used □ Other: $\; \Box \; \text{Condoms}$ □ None

□ Menorrhagia

□ Alcohol

□ Other:

LMP (females):

Current Alcohol /

Substance Use ☐ Drugs (specify):

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

Hairio.	000	. 17	11 177 1
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:		
Dyadic Behavioral /	□ WNL - Stable relationsh		
Social Determinants of	☐ Changes in family since		
Health (SDOH)	□ Problems with housing,□ Family stressors (mentage)		
Lives with	•	nts Other:	01011007400007
			High Risk
AAP Risk Screener	Screening Tools Used	Low Risk	(see Plan/ Orders/AG)
Adverse Childhood	□ <u>PEARLS</u> ,		
Experiences	□ PEARLS-12&UP		
	☐ Other: ☐ SHA, ☐ CRAFFT,		
Alcohol Misuse (Starting at 11 yrs old)	☐ H&P, ☐ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no			
dental home)	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ-9A</u> ,		
(Starting at 12 yrs old)	□ Other:	Ш	
Drug Misuse	□ SHA, □ CRAFFT,		
(Starting at 11 years old) Dyadic Behavioral /	☐ H&P, ☐ Other: ☐ <u>SDOH</u> , ☐ <u>PEARLS</u> ,		
SDOH	□ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Starting at 11 yrs old)	□ <u>SHA</u> , □ H&P, □ Other:		
Sexually Transmitted	□ SHA,		
Infections	□ H&P, □ Other:		
(Starting at 11 yrs old) Sudden Cardiac	,		
Arrest	□ <u>SCD</u> ,		
(Starting at 11 yrs old)	□ H&P, □ Other:		
Suicide	□ ASQ, □ PHQ-9A,		
(Starting at 12 yrs old) Tobacco Use /	□ Other:		
Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	☐ TB Risk Assessment,		_
Exposure	□ Other:		
Growth and Developn	nent / School Progre	ess Grade: _	
☐ School achievement	□ Performs chores	□ Plays / lister	ns to music
□ School attendance	□ Exhibit compassion & empathy	□ Reads for pl	easure
☐ Cause and effect are understood	☐ Participates in organized sports / social activities	□ Demonstrate emotional co (including se	
☐ Caring & supportive relationships with family & peers	☐ Adheres to predetermined rules	☐ Knows right	
Physical Examination			WNL
General appearance	Well-nourished & develo		
Ochiciai appearance	No abuse/neglect eviden	it	

DOR:

Nama:

MR#.

Comprehensive He	ealth Assessment			Name:	DOB	: MR#:
Head	No lesions				□ Trichomonas	□ COVID 19 test
Eyes	PERRLA, conjunctivae & Vision grossly normal			☐ Rx Fluoride drops / chewable tabs	□ Other:	
Ears	Canals clear, TMs norma Hearing grossly normal	al		(0.50 mg/1.0 mg QD)		
Nose	Passages clear, MM pink	c, no lesions		Anticipatory Guidano Health education preference	• •	
Teeth	No visible cavities, gross	ly normal		Diet, Nutrition & Exer	cise	
Mouth / Pharynx	Oral mucosa pink, no les	ions		☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Neck	Supple, no masses, thyre enlarged	oid not		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III			□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Heart	No organic murmurs, reg	ular rhythm		Accident Prevention	& Guidance	
Lungs	Clear to auscultation bila	terally		☐ Alcohol/drug/substance misuse counseling	□ Social media use	□ Peer pressure
Abdomen	Soft, no masses, liver &	spleen normal		☐ Signs of depression	□ Avoid risk-taking	□ Independence
Genitalia	Grossly normal Tanner stage: I II III	IV V		(suicidal ideation) ☐ Mental health	behavior ☐ Gun safety	□ Personal development
Male	Circ / uncircumcised, tes	tes in scrotum		(emotional support) □ Form caring &	□ Non-violent conflict	☐ Physical growth
Female	No lesions, normal exter	nal appearance		supportive relationships with family & peers	resolution	
Femoral pulses	Normal			☐ Early Sex education / Safe sex practices	□ Safety helmet	☐ Mindful of daily movements
Extremities	No deformities, full ROM			☐ Skin cancer prevention	□ Seat belt	□ Puberty
Lymph nodes	Not enlarged			□ Smoking/vaping	☐ Routine dental care	□ Bedtime
Back	No scoliosis			use/exposure Tobacco Use / Cessa	tion Exposed to 2 nd han	I d smoke □ Yes □ No
Skin	Clear, no significant lesion	ons		□ Never smoked or used to	•	0 " 1 (
Neurologic	Alert, no gross sensory of	or motor deficit		□ Former smoker: # Yrs sm□ Current smoker: # Yrs sm		
Subjective / Objective	e			Type used: □ Cigarettes □	1	
				☐ Advised to quit smoking	 Discussed smoking cessation medication 	 Discussed smoking cessation strategies
Assessment				Next Appointment		
7.0000				□ 1 year	□ RTC PRN	□ Other:
Plan						
Referrals				Documentation Remi		I - 1/ · · · · · · · · · · · ·
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutr	ritionist	☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are	☐ Height / Weight / BMI measurements plotted in CDC	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
☐ Drug / ETOH Tx rehab	□ Behavioral health	□ Tobacco cessa	ation class	completed, dated, & reviewed by provider	growth chart	
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or L Education Age		MA / Nurse	T '(1	5.
□ OB/GYN:	□ Other:			Signature	Title	Date
Orders						
□ COVID 19 vaccine	□ Tdap	□ CBC / Basic m	etabolic	Provider Signature	Title	Date
☐ Hep B vaccine (if not given previously)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yea menstruating)	rly if			
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if not up to date)	□ Lipid panel (on between 9-11		Notes (include date, ti		· · · · · · · · · · · · · · · · · · ·
□ Influenza vaccine	□ Chlamydia	□ PPD skin test	J.0/	☐ Member/parent refused to	ne following screening/orde	ers:
	□ Gonorrhea	□ QFT				
☐ Meningococcal vaccine (11 to 12 yrs)	☐ HIV (if high risk)☐ Hernes	□ CXR				

 $\hfill\Box$ MMR (if not up to date)

□ Syphilis

 $\square \ \mathsf{ECG}$

13 to 16 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent	□ Other:	
Primary Language			
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at < 25 dB 1000-8000 frequencies		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
preference/restrictions, and localized Country of Birth: □ US At least 1 parent born in Afri	□ Other:		markable
Chronic Problems/Sigr Asthma	nificant Conditions: □ to Depression □ DM □ to HIV	None □ See Pr Dialysis □ Hea □ HTN □ Li	art Disease
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 🗆	Poor
Physical Activity	□ Inactive (little or none) □ Some (< 2 ½ hrs/weel □ Active (≥ 60 min/day) □ Fainting □ Sudden se	k)	1 Chest pain
Vaccines Up to Date	□ Yes □ No	□ See CAIR	

 $\hfill \Box$ Yes $\hfill \Box$ No $\hfill \Box$ Multiple Partners $\hfill \Box$ MSM

 $\quad \Box \ \ Condoms$

 $\ \square$ Other:

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

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

☐ Other:

 $\quad \square \ \, \mathsf{None}$

 $\quad \square \ \, \text{None}$

□ IV Drugs-Current

 $\ \square$ IV Drugs-Past Hx

Sexually Active

LMP (females):

Current Alcohol /

Substance Use □ Drugs (specify):

Contraceptive Used

Name:	DOB	: N	IR#:
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	□ Family Hx o	f unexpected leath < 50 yrs
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsl □ Changes in family since □ Problems with housing □ Family stressors (ment	e last visit (move, j food, employmen al illness, drugs, vi	ob, death) t, incarceration
Lives with	□ 1 Parent □ 2 Pare	nts Other:	luca per
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood	□ <u>PEARLS</u> ,		
Experiences Alcohol Misuse	☐ Other: ☐ SHA, ☐ CRAFFT,		
Anemia	☐ H&P, ☐ Other: ☐ H&P, ☐ Other:		
Dental (cavities, no			
dental home)	☐ H&P, ☐ Other:		
Depression Score:	□ <u>PHQ-9A</u> , □ Other:		
Drug Misuse	□ SHA, □ CRAFFT, □ H&P, □ Other:		
Dyadic Behavioral / SDOH	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P, ☐ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test at least once starting at 15 yrs old)	□ <u>SHA</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	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	☐ TB Risk Assessment, ☐ Other:		
Exposure Growth and Develope		ess Grade:	
□ School achievement	□ Performs chores	□ Plays / lister	ns to music
□ School attendance	☐ Learns new skills	□ Reads	
☐ Understands parental limits & consequences for unacceptable behavior	☐ Participates in organized sports / social activities	□ Uses both h independent	
☐ Ability to get along with peers	□ Learns from mistakes & failures, tries again	☐ Preoccupati body change	•
Physical Examination			WNL
General appearance	Well-nourished & develo		
Head	No lesions	.,	
Eyes	PERRLA, conjunctivae &	sclerae clear	

Vision grossly normal

Ears	Canals clear, TMs normal Hearing grossly normal	ı	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossl	y normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroenlarged	oid not	
Chest/Breast (females)	Symmetrical, no masses Tanner stage: I II III I	V V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III I	V V	
Male	Circ / uncircumcised, test		
Female	No lesions, normal exterr	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ns	
Neurologic	Alert, no gross sensory o	r motor deficit	
Subjective / Objective	e		
Assessment			
Plan			
Referrals			
□ Dentist	□ Optometrist / Ophthalmologist	□ Dietician / Nut	ritionist
□ Drug / ETOH Tx rehab	□ Behavioral health	□ Tobacco cess	ation class
□ CA Children's Services (CCS)	□ Regional Center	□ Early Start or I	
□ OB/GYN:	□ Other:	Education Age	люу

Orders

to date)

to date)

□ Influenza vaccine

□ COVID 19 vaccine

 $\hfill\Box$ Hep B vaccine (if not up

 $\hfill\Box$ HPV vaccine (if not up

 $\hfill\Box$ Meningococcal vaccine

☐ MMR (if not up to date)

(if not up to date)

□ Rx Fluoride drops /

chewable tabs (0.50 mg/1.0 mg QD) □ Tdap

to date)

high risk)

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

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

□ Herpes

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

□ Other:

 $\hfill\Box$ Trichomonas

 \square HIV (if high risk)

□ Varicella (if not up

 $\hfill\Box$ Hep B Panel (if ☐ CBC / Basic metabolic

☐ Lipid panel (if high risk)

 $\hfill\Box$ Hct / Hgb (yearly if

menstruating)

□ PPD skin test□ QFT

 \square CXR

□ ECG

□ Urinalysis

□ COVID 19 test

panel

Health education preference:		•
Diet, Nutrition & Exerc		
□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Accident Prevention 8	& Guidance	
☐ Alcohol/drug/substance misuse counseling	☐ Social Media Use	□ Goals in life
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	□ Independence
☐ Mental health (emotional support)	☐ Gun safety	☐ Personal development
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans
□ Sex education (partner selection)	□ Safety helmet	☐ Family support, social interaction & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Mindful of daily movements
☐ Skin cancer prevention	 ☐ Motor vehicle safety (no texting & driving) 	□ Physical growth
☐ Smoking/vaping use/exposure	☐ Routine dental care	□ Sexuality
Tobacco Use / Cessat □ Never smoked or used tob □ Former smoker: # Yrs smo □ Current smoker: # Yrs smo	pacco products pked # Cigarettes sr pked # Cigarettes sr	moked/day Quit date moked/day
Type used: □ Cigarettes □ □ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies
Next Appointment		occountry of the same gree
□ 1 year	□ RTC PRN	□ Other:
Documentation Remir	nders	
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
MA / Nurse Signature	Title	Date
o.g.iiutui o		
Provider Signature	Title	Date
Notes (include date, tin	ne, signature, and title	e on all entries)
☐ Member/parent refused th	e following screening/order	rs:

Name:

17 to 20 Years	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent	□ Other:	
Primary Language			
Interpreter		□ Refused	
Requested Intake	Name of Interpreter (See CDC Growth Chart)	: Vital S	Sians
Height	(coo obo oromai oriali)	Temp	ngiis
Weight		· · · · · · · · · · · · · · · · · · ·	
☐ Significant loss/gain:lbs		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction	Location:		
Pain	Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	□ Responded at ≤ 25 dE 1000-8000 frequencies		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
	,		
Country of Birth: □ US			
At least 1 parent born in Afric			- N:
Dental Home Advance Directive	Dental visit within past 12 months: ☐ Yes ☐ No ☐ Yes ☐ Refused		
Info given/discussed	Starting at 18 years old		
Chronic Problems/Sign ☐ Asthma ☐ Cancer ☐	ificant Conditions: □ N Depression □ DM □ N		
□ HEPB □ HEPC □ F	High Cholesterol □ HIV	□ HTN □ Li	
☐ Seizures ☐ STI ☐ U ☐ Other:	ses DME $\square \ge 2$ ER visits	s in 12 months	
Eupational Limitations	ahaak all that annly).	aramarkabla	
Functional Limitations (☐ Seeing ☐ Hearing ☐ Mo			Self-care
Current Medications/Vi			
☐ Taking 0.4 to 0.8 mg of folic a Interval History	cid daily (lemales of reproducti	ve age)	
Diet / Nutrition	□ Regular □ Lo	w calorie \Box	ADA
	☐ Iron-rich foods ☐ Of	-	
Appetite	□ Good □ Fa		Poor
Dhysical Activity	☐ Inactive (little or none)☐ Some (< 2 ½ hrs/weel		
Physical Activity	☐ Active (≥ 60 min/day)	:	. Oh a ak main
Vaccines Up to Date	☐ Fainting ☐ Sudden se	□ See CAIR	r Criest pain
Sexually Active			MSM
Contraceptive Used	□ None □ Condoms	□ Other:	
LMP (females):	G P A	□ Menorrhagia	1
Current Alcohol /	□ None	□ Alcohol	
Substance Use □ Drugs (specify):	☐ IV Drugs-Current	□ Other:	
3- (0600)/-	☐ IV Drugs-Past Hx		

Name:	DOB	: IV	IR#:
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:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationst □ Changes in family since □ Problems with housing, □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t, incarceration
Lives with	□ 1 Parent □ 2 Pare	nts Other:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>ACEs</u> , □ <u>PEARLS</u> , □ Other:		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ-9A</u> , □ Other:		
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ <u>SCD</u> , □ H&P, □ Other:		
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:		
Growth and Developn		SS Grade:	
□ Hobbies / work	□ Plays sports	□ Plays / lister	ns to music
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on ne	
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	□ Preparation education, of marriage &	for further career,
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	

Ears	Canals clear, TMs norma Hearing grossly normal	1	
Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossl	y normal	
Mouth / Pharynx	Oral mucosa pink, no les	ons	
Neck	Supple, no masses, thyro enlarged	id not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III I	V V	
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bilat	erally	
Abdomen	Soft, no masses, liver & s	pleen normal	
Genitalia	Grossly normal Tanner stage: I II III I	V V	
Male	Circ / uncircumcised, test	es in scrotum	
Female	No lesions, normal extern	al appearance	
Vaginal exam	Done or completed elsew name:	here OB/GYN	
Femoral pulses	Normal		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ns	
Neurologic	Alert, no gross sensory o	r motor deficit	
Subjective / Objective	e		
Assessment			
Plan			
Referrals			
□ Dentist	 □ Optometrist/ Ophthalmologist 	☐ Dietician/ Nutrition	nist
□ Drug / ETOH Tx rehab	□ Behavioral health	□ Tobacco cessatio	n clas
□ CA Children's Services (CCS)	□ Regional Center	□ Early Start or Loc Education Agency	
□ OB/GYN	□ Other:		
Orders			
□ COVID 19 vaccine	☐ Hep B Panel (at least once ≥18 yrs)	☐ CBC / Basic meta	bolic
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (at least once ≥18 yrs)	☐ Hct / Hgb (yearly menstruating)	if
	(
☐ HPV vaccine (if not up to date)	□ Rx for folic acid 0.4- 0.8mg daily (females)	☐ Lipid panel (once between 17-21 yrs	٠١

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

□ Herpes

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

□ Other:

□ Trichomonas

 \square HIV (if high risk)

☐ Meningococcal vaccine (if not up to date)

☐ MMR (if not up to date)

□ Tdap

 $\ \square \ \mathsf{QFT}$

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

 $\square \; \mathsf{ECG}$

☐ Urinalysis

□ COVID 19 test

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: □ Verbal □ Visual □ Multimedia □ Other:				
Diet, Nutrition & Exerc				
☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein		
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream		
☐ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder		
Accident Prevention &				
☐ Alcohol/drug/substance misuse counseling	□ Social media use	☐ Transitioning to adult provider		
□ Routine dental care	☐ Avoid risk-taking behavior	□ Independence		
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development & goals in life		
□ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans		
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt / Safety Helmet	□ Testicular self-exam		
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	□ Self-breast exam		
 ☐ Smoking/vaping use/exposure 	☐ Mental health (emotional support)	☐ Prenatal care / encourage breastfeeding		
Tobacco Use / Cessation Exposed to 2 nd hand smoke □ Yes □ No □ Never smoked or used tobacco products □ Former smoker: # Yrs smoked # Cigarettes smoked/day Quit date □ Current smoker: # Yrs smoked # Cigarettes smoked/day Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other:				
☐ Advised to quit smoking	☐ Discussed smoking	☐ Discussed smoking		
Next Appointment	cessation medication	cessation strategies		
□ 1 year	□ RTC PRN	□ Other:		
L 1 your	- NOTAL	- Outor.		
Documentation Remir	iders			
☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)		
MA / Nurse	Title	Date		
Signature				
Provider Signature	Title	Date		
	1.00			
Notes (include date, time, signature, and title on all entries)				
☐ Member/parent refused the following screening/orders:				
17 to 20 Years Old - Page 2 of 2				
		TO BUT THE RESERVE OF A STATE OF		

DOB:

Name:

Comprehensive Hea	Ith Assessment			
21 to 39 Years: Female at Birth	Actual Age:	Date:		
Primary Language				
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused ::		
Intake		Vital S	igns	
Allergies / Reaction		Temp		
Height		BP		
Weight □ Significant loss/gain:lbs		Pulse		
BMI Value		Resp		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10	
Cultural Needs (e.g., cultur preference/restrictions, and her	al background/traditions, re		, dietary	
Country of Birth: ☐ US At least 1 parent born in Africa		Yes □ No		
Dental Home	Dental visit within past 1	2 months: ☐ Yes	□ No	
Advance Directive Info Given/Discussed	□ Yes □ Refuse	d		
□ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable □ Seeing □ Hearing □ Mobility □ Communication □ Cognition □ Self-care				
Current Medications/Vitamins: ☐ See Medication List ☐ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)				
Education (last grade college Health education preference:	• •	timedia □ Other:		
Interval History	Verbai 🗆 Visuai 🗀 iviuli	umedia 🗆 Other.		
Diet / Nutrition	□ Regular □ Lo		ADA	
Appetite	□ Good □ F		Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per we	eek w/ 2 days strenç	gth training)	
LMP: □ Pregnant	G P A	□ Menorrhagia		
Sexually Active	□ Yes □ No □	Multiple Partners	3	
Contraceptive Used	□ None □ Condoms	□ Other:		
Social Determinants of Health (SDOH)	Intimate Partner Violence (IPV) in the last 12 months: Has anyone physically hurt you? □ Yes □ No Has anyone insulted or humiliated you? □ Yes □ No Has anyone threatened you? □ Yes □ No Has anyone screamed or cursed at you? □ Yes □ No			
Last PAP/HPV	Date:	□ WNL		
Current Alcohol / Substance Use	□ None	□ Alcohol		
☐ Drugs (specify):	☐ IV Drugs-Current	□ Other:		

□ IV Drugs-Past Hx

Name:	DOB:	MF	R#:
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History and Dates	□ None	□ See <u>CAIR</u>	
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID Booster(s):	□ MMR:	□ Varicella:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	 □ SHA, □ CRAFFT, □ H&P, □ Other: 		
Cervical Cancer	□ H&P, □ Other:		
Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA,</u> □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA,</u> □ H&P, □ Other:		
SDOH / Intimate Partner Violence	□ <u>SDOH</u> , □ <u>HITS</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment ☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develoned No abuse/neglect evider		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
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 / Pharynx	Oral mucosa pink, no les		
Neck	Supple, no masses, thyr enlarged	oid not	
Chest / Breast	Symmetrical, no masses	3	

Comprehensive Hea	Ith Assessment			Name:	DOB:	MR#:
Heart	No organic murmurs, re	gular rhythm		Anticipatory Guidance	(AG) / Education ($$	if discussed)
Lungs	Clear to auscultation bil	aterally		Diet, Nutrition & Exerci	se	
Abdomen	Soft, no masses, liver &	spleen normal		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Genitalia	Grossly normal			□ Whole grains /	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Female	No lesions, normal exte appearance	mal		□ Physical activity /	☐ Healthy food	□ Eating disorder
Vaginal exam	Done or completed else OB/GYN name:	where		Accident Prevention &	choices Guidance	
Femoral pulses	Present & equal			☐ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
Extremities	No deformities, full ROM	Л		misuse counseling Routine dental care	behavior ☐ Gun safety	□ Personal development
Lymph nodes	Not enlarged			☐ Signs of depression	☐ Violent behavior	☐ Goals in life
Back	No scoliosis			(suicidal ideation)		
Skin	Clear, no significant les	ions		☐ Intimate partner violence	☐ Mindful of daily movements	☐ Family support, social interaction & communication
Neurologic	Alert, no gross sensory	or motor deficit		☐ Diabetes management	☐ Motor vehicle safety (DUI / no	□ Academic or work plans
Subjective / Objective				☐ Safe sex practices (condoms, contraception, HIV/AIDS)	texting & driving) □ Seat belt	□ Self-breast exam
				☐ Skin cancer prevention	☐ Safety helmet	□ Breastfeeding
				☐ Smoking/vaping use/exposure	□ ASA use	☐ Sex education (partner
Plan				□ Never smoked or used toba □ Former smoker: # Yrs smol □ Current smoker: # Yrs smol Type used: □ Cigarettes □ (□ Advised to quit smoking	ked # Cigarettes sm ked # Cigarettes sm	oked/day
				Next Appointment	cessation medication	cessation strategies
				□ 1 year	□ RTC PRN	□ Other:
D-fl-					21101111	
Referrals Dentist	□ Optometrist /	□ Dietician / Nut	tritioniat	Documentation Remine	ders	
	Ophthalmologist			□ Screening tools (TB,	□ Vaccines entered in	□ Problem / Medication
☐ Drug / ETOH Tx rehab	□ Behavioral health	□ Tobacco cess	sation class	Depression, HEP B, etc.) are completed, dated, &	CAIR (manufacturer, lot #, VIS publication	Lists updated
□ OB/GYN:	□ Other:			reviewed by provider	dates, etc.)	
Orders						
☐ COVID 19 vaccine / booster	☐ Varicella (if not up to date)	□ CBC / Basic n	netabolic	MA / Nurse Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Hct / Hgb ☐ Lipid panel			1	
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Low to moder statin	rate dose	Provider Signature	Title	Date
□ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	□ PPD skin test				
☐ Meningococcal vaccine (if	□ HIV (if high risk)	□ CXR				
not up to date) ☐ MMR (if not up to date)	☐ Herpes ☐ Syphilis	□ Urinalysis□ ECG		Notes (include date, tim	e, signature, and title	on all entries)
	□ Trichomonas	□ COVID 19 tes		☐ Member refused the followi	ng screening/orders:	
☐ Pneumococcal (if high risk)	□ Rx for folic acid 0.4-0.8mg daily	□ Fasting plasm HbA1C	na glucose /		-	
□ Tdap	☐ Bone Density Test	□ PAP □ HPV				
□ Other:		⊔ IIFV				

Comprehensive Health Assessment 21 to 39 Years: Actual Age: Date: Male at Birth Primary Language \Box No Interpreter □ Yes □ Refused Requested Name of Interpreter: **Vital Signs** Intake 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 \square Asthma \square Cancer \square Depression \square DM \square Dialysis \square Heart Disease ☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease \square Seizures \square STI \square Uses DME $\square \ge 2$ ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable \square Seeing \square Hearing \square Mobility \square Communication \square Cognition \square Self-care Current Medications/Vitamins: ☐ See Medication List Education (last grade completed): Health education preference: \square Verbal \square Visual \square Multimedia \square Other: **Interval History** □ Regular □ Low calorie \square ADA Diet / Nutrition \square Iron-rich foods \square Other: Appetite □ Good □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training) Sexually Active ☐ Yes ☐ No ☐ Multiple Partners ☐ MSM Contraceptive Used □ None □ Condoms □ Other: $\hfill \square$ WNL – Stable relationships w/ social/emotional support Social ☐ Changes in family since last visit (move, job, death) **Determinants of** ☐ Problems with housing, food, employment, incarceration Health (SDOH) ☐ Family stressors (mental illness, drugs, violence/abuse) **Current Alcohol /** □ None \square Alcohol **Substance Use** □ IV Drugs-Current □ Drugs (specify): □ Other: □ IV Drugs-Past Hx \square None □ Diabetes Family History

☐ Heart disease / HTN

☐ High cholesterol

☐ Lives/lived with

□ Cancer

someone HBV+

□ Asthma

□ Other:

Name:	DOB:	M	R#:
Immunization History / Date	□ None	□ See <u>CAIR</u>	
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Tdap:	
□ COVID Booster(s):	□ MMR:	□ Varicella:	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA,</u> □ H&P, □ Other:		
Obesity	☐ H&P, ☐ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH	□ <u>SDOH,</u> □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</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 / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyroi	d not enlarged	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilaterally		
Abdomen	Soft, no masses, liver & sp	oleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, teste Prostate Exam / Rectal	es in scrotum	

Comprehensive He	ealth Assessment		Name:	DOB:	MR#:
Femoral pulses	Normal		Anticipatory Guidano	ce (AG) / Education (√	if discussed)
Extremities	No deformities, full ROM		Diet, Nutrition & Exer	cise	
Lymph nodes	Not enlarged		☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Back	No scoliosis		□ Whole grains /	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesion	ns 🗆	□ Physical activity /	☐ Healthy food choices	□ Eating disorder
Neurologic	Alert, no gross sensory or	motor deficit	exercise Accident Prevention	⊥ & Guidance	
Subjective / Objective	e		□ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
			misuse counseling □ Signs of depression	behavior Gun safety	□ Personal development
			(suicidal ideation)	,	<u>'</u>
			☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
			□ Diabetes Management	 ☐ Motor vehicle safety (DUI / no texting & driving) 	☐ Academic or work plans
Assessment			☐ Safe sex practices (condoms, contraception,	□ Seat belt	☐ Family support, social interaction & communication
			HIV/AIDS) ☐ Skin cancer prevention	□ Safety helmet	☐ Testicular self-exam
			☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Sex education (partner selection
Plan				noked # Cigarettes sm Chewing tobacco □ Vapin □ Discussed smoking cessation medication	•
			□ 1 year	☐ RTC PRN	□ Other:
			Documentation Remi	nders	
Referrals			□ Screening tools (TB,	□ Vaccines entered in	□ Problem/Medication
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutritionist	Depression, HEP B, etc.) are completed, dated, & reviewed by provider	CAIR (manufacturer, lot #, VIS publication dates, etc.)	Lists updated
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	provider		
□ Other:			MA / Nurse Signature	Title	Date
Orders					
☐ COVID 19 vaccine / booster	□ Tdap	☐ CBC / Basic metabolic panel	Provider Signature	Title	Date
☐ Hep B vaccine (if not up to date)	□ Varicella (if not up to date)	☐ Hct / Hgb☐ Lipid panel			
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Low to moderate dose statin			
☐ Influenza vaccine	☐ Hep C Antibody test (if high risk)	□ PPD skin test □ QFT	Notes (include date, ti	me, signature, and title	on all entries)
☐ Meningococcal vaccine (if not up to date)	□ Chlamydia	□ CXR	☐ Member refused the follo		,
☐ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)	□ Urinalysis □ ECG			
	☐ Herpes	□ COVID 19 test			
☐ Pneumococcal (if high risk)	□ Syphilis □ Trichomonas	□ Fasting plasma glucose □ HbA1C			
□ Other:					201111

Comprehensive He	aith Assessment			
40 to 49 Years: Female at Birth	Actual Age:	Date:		
Primary Language				
Interpreter	□ Yes □ No □	Refused		
Requested	Name of Interpreter:	VP(.1.	0.	
Intake		Vital	Signs	
Allergies / Reaction		Temp		
Height		BP		
Weight ☐ Significant loss/gain:lbs		Pulse		
BMI Value		Resp		
Pain	Location: Scale: 0 1 2 3 4	5 6 7 8	9 10	
Cultural Needs (e.g., cultipreference/restrictions, and h	ural background/traditions, nealthcare beliefs):		s, dietary	
At least 1 parent born in Afric	a, Asia, Pacific Islands: '	Yes □ No		
Dental Home	Dental visit within past 12	months: □ Yes	□ No	
Advance Directive Info Given/Discussed	□ Yes □ Refused			
Chronic Problems/Significant Conditions: □ None □ See Problem List □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ High Cholesterol □ HIV □ HTN □ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: Functional Limitations (check all that apply): □ Unremarkable □ Seeing □ Hearing □ Mobility □ Communication □ Cognition □ Self-care Current Medications/Vitamins: □ See Medication List □ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females) Education (last grade completed):				
Health education preference:	□ Verbal □ Visual □ Mul	timedia □ Othe	r:	
Interval History	□ Regular □ Lov	v calorie	ADA	
Diet / Nutrition	☐ Iron-rich foods ☐ Oth			
Appetite	□ Good □ Fai	r 🗆	Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per wee	k w/ 2 days streng	th training)	
LMP:	G P A	☐ Menorrhagi	a	
Hysterectomy	□ Partial □ Total			
Sexually active	□ Yes □ No	□ Multiple Pa	rtners	
Contraceptive Used	□ None □ Condoms	□ Other:		
Intimate Partner Violence / SDOH In the last 12 months	Has anyone physically hurt you? ☐ Yes ☐ No Has anyone insulted or humiliated you? ☐ Yes ☐ No Has anyone threatened you? ☐ Yes ☐ No Has anyone screamed or cursed at you? ☐ Yes ☐ No			
Last PAP/HPV	Date:	□ WNL		
Last Mammogram	Date:	□ WNL		

Date:

 \square WNL

Last Colonoscopy

DOB:	IVI	IK#:
□ None	□ Alcohol	
□ IV Drugs-Current□ IV Drugs-Past Hx	□ Other:	
□ None	□ Diabetes	
☐ Lives/lived with someone HBV+	☐ Hip fracture	9
□ Cancer	□ Other:	
□ None	□ □ See <u>CA</u>	<u>IR</u>
□ Influenza:	□ Tdap:	
□ MMR:	□ Varicella:□ Exempt (DO non-healthca	
□ Pneumococcal:	□ Other:	
Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
□ <u>ACEs</u>		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
□ H&P, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ CDC HEP Risk, □ H&P, □ Other:		
□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ <u>SDOH</u> , □ <u>HITS</u> , □ H&P, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
☐ TB Risk Screener,☐ Other:		
		WNL
	ed	
No lesions		
Vision grossly normal		
Canals clear, TMs normal Hearing grossly normal		
	□ None □ IV Drugs-Current □ IV Drugs-Past Hx □ None □ Lives/lived with someone HBV+ □ Cancer □ None □ Influenza: □ MMR: □ Pneumococcal: Screening Tools Used □ ACEs □ SHA, □ CRAFFT, □ H&P, □ Other: □ SHA, □ CRAFFT, □ H&P, □ Other: □ SHA, □ CRAFFT, □ H&P, □ Other: □ CDC HEP Risk, □ H&P, □ Other: □ CDC HEP Risk, □ H&P, □ Other: □ SHA, □ CRAFFT, □ H&P, □ Other: □ TB Risk Screener, □ Other: □ TB Risk Screener, □ Other:	None

Nose	Passages clear, MM pink	, no lesions	
Teeth	No visible cavities, grossl	y normal	
Mouth / Pharynx	Oral mucosa pink, no lesi	ons	
Neck	Supple, no masses, thyro enlarged	id not	
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bilat	erally	
Abdomen	Soft, no masses, liver & s	pleen normal	
Genitalia	Grossly normal		
Female	No lesions, normal exterr appearance	nal	
Vaginal exam	Done or completed elsew OB/GYN name:	here	
Femoral pulses	Present & equal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesio	ns	
Neurologic	Alert, no gross sensory o		
Subjective / Objective	<u> </u>		
A			
Assessment			
Plan			
Referrals			
□ Dentist	□ Optometrist /	□ Dietician / Nutriti	onist
□ Drug / ETOH Tx rehab	Ophthalmologist Behavioral health	□ Tobacco cessati	on class
□ OB/GYN			
⊒ OB/GYN Orders	□ Other:		
	Use D Denel (if high	= CDC / Davis most	-h-l'-
□ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	□ CBC / Basic met panel	abolic
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb☐ Lipid panel	
☐ Influenza vaccine	□ Chlamydia	□ PPD skin test	
	☐ Gonorrhea	□ QFT	
☐ MMR (if not up to date)	☐ HIV (if high risk)☐ Herpes	□ CXR□ Urinalysis	
— D	☐ Syphilis	□ ECG	
□ Pneumococcal (if high	_ c,pc		

□ Rx for folic acid 0.4-

0.8mg daily

 $\ \square$ gFOBT or Fit

□ Colonoscopy

 $\quad \Box \ \mathsf{PAP}$

 \square HPV

 $\hfill\Box$ Fasting plasma glucose

☐ Oral glucose tolerance

 $\hfill\square$ Low to moderate dose

□ Bone Density Test

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

□ HbA1C

statin

□ Tdap

date)

 $\hfill\Box$ Other:

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

□ Zoster (if high risk)

Anticipatory Guidance	e (AG) / Education (√	if discussed)
iet, Nutrition & Exerc	rise	
Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Whole grains /	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice
iron-rich foods ☐ Physical activity /	salty foods ☐ Healthy food choices	cream □ Eating disorder
exercise	☐ Healthy lood choices	□ Eating disorder
sccident Prevention 8	Guidance	
☐ Alcohol/drug/substance misuse counseling	 ☐ Avoid risk-taking behavior 	□ Independence
☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
☐ Mental health (emotional support)	☐ Violent behavior	□ Goals in life
□ Diabetes management	☐ Mindful of daily movements	□ Work activities
☐ Intimate partner violence	☐ Motor vehicle safety (DUI / no texting & driving)	□ Family support, social interaction & communication
☐ Sex education (partner selection)	□ Seat belt	□ Self-breast exam
Safe sex practices (condoms, contraception, HIV/AIDS)	□ Safety helmet	☐ Aging process
□ Smoking/vaping use/exposure	☐ Routine dental care	□ Perimenopause education
□ Former smoker: # Yrs smo □ Current smoker: # Yrs smo		•
Type used: □ Cigarettes □	Chewing tobacco □ Vapir	ng products Other:
☐ Advised to quit smoking	 Discussed smoking cessation medication 	 Discussed smoking cessation strategies
lext Appointment		
□ 1 year	□ RTC PRN	□ Other:
Oocumentation Remin	ders	
☐ Screening tools (TB,	□ Vaccines entered in	□ Problem / Medication
Depression, HEP B, etc.) are completed, dated, & reviewed by provider	CAIR (manufacturer, lot #, VIS publication dates, etc.)	Lists updated
MA / Nurse		
Signature	Title	Date
Provider Signature	Title	Date
Notes (include date, tin	ne, signature, and title	on all entries)
☐ Member refused the follow	ving screening/orders:	

DOB:

Comprehensive Healt	h Assessment			Name:
40 to 49 Years: Male at Birth	Actual Age:	Date:		Immunization Date
Primary Language				☐ COVID #1: ☐ COVID #2:
Interpreter Requested	□ Yes □ No Name of Interpreter:	□ Refused		☐ COVID #2:
Intake		Vital	Signs	☐ Hepatitis B:
Allergies / Reaction		Temp		□ перашія в.
Height		BP		USPSTF Risk S
Weight □ Significant loss/gain:lbs		Pulse		Adverse Childhood
BMI Value		Resp		earliest opportunity)
Pain	Location: Scale: 0 1 2 3	4 5 6 7	8 9 10	Alcohol Misuse
Cultural Needs (e.g., cultural preference/restrictions, and healt		ous practices, d □ Unremark		Colorectal Cand
Country of Birth: US	Other:			Depression Score
At least 1 parent born in Africa, A	sia, Pacific Islands: Yes	□ No		Diabetes
Dental Home	Dental visit within past 12	2 months: □ Ye	es □ No	Drug Misuse
Advance Directive Info Given/Discussed	□ Yes □ Refused	k		Dyslipidemia
Chronic Problems/Significa □ Asthma □ Cancer □ Dep				Hep B (Test all 18 yrs
☐ HEP B ☐ HEP C ☐ High ☐ Seizures ☐ STI ☐ Uses			Disease	Hep C (Test all 18-79 once at earliest opportunit
□ Other: Functional Limitations (chec	ck all that apply): □ Unrema	rkable		HIV (Test all 15-65 yrs at earliest opportunity)
□ Seeing □ Hearing □ Mobility			re	Obesity
Current Medications/Vitam Education (last grade com				Sexually Transr Infections
Health education preference: □ \		dia □ Other:		SDOH
Interval History				
Diet / Nutrition	☐ Regular ☐ Lov	w calorie ner:	ADA	Tobacco Use Tuberculosis Ex
Appetite	□ Good □ Fai	ir 🗆	Poor	Tuber Culosis E/
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per we	ek w/ 2 days stre	ength training)	Physical Exam
Sexually active	□ Yes □ No □ Multi		□ MSM	Head
Contraceptive Used	□ None □ Condoms	□ Other:		Eyes
Last Colonoscopy	Date:	□ WNL		Ears
	☐ WNL-Stable relationships			Nose
Social Determinants of Health (SDOH)	☐ Changes in family since I☐ Problems with housing/fo	, ,		Teeth
	☐ Family stressors(mental i	llness, drugs,vic		Mouth / Pharyn
Current Alcohol / Substance Use	□ None	□ Alcohol		Neck
□ Drugs (specify):	□ IV Drugs-Current	□ Other:		Chest
Family History	□ IV Drugs-Past Hx□ Unremarkable	□ Diabetes		Heart
☐ Heart disease / HTN	☐ Lives/lived with	□ Asthma		
	someone HBV+			Lungs

☐ High cholesterol

□ Cancer

☐ Other:

Name:	DOB:	MR#	‡ :
Immunization History / Date	□ None	□ See <u>CAIF</u>	<u>R</u>
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID Booster(s):	□ MMR:	☐ Varicella: ☐ Exempt (D	OB < 1980 &
☐ Hepatitis B:	□ Pneumococcal:	□ Other:	,
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	 □ SHA, □ CRAFFT, □ H&P, □ Other: 		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ 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)	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear	
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities, grossly	normal	
Mouth / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyro enlarged	d not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate	•	
Abdomen	Soft, no masses, liver & s normal	pleen	

Comprehensive Healt	th Assessment		Name:	DOB:	MR#:
Genitalia	Grossly normal		Anticipatory Guidance (A	G) / Education (√ if dis	cussed)
Male	Circ/uncircumcised, teste Prostate Exam / Rectal	s in scrotum	Diet, Nutrition & Exercise		
Femoral pulses	Present & equal		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Extremities	No deformities, full ROM		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Lymph nodes	Not enlarged		□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Back	No scoliosis		Accident Prevention & Gu	1	1
Skin	Clear, no significant lesio	ns 🗆	□ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
Neurologic	Alert, no gross sensory o motor deficit	r \Box	misuse counseling ☐ Signs of depression	behavior ☐ Gun safety	□ Personal
Subjective / Objective			(suicidal ideation)	,	development
, , , , , , , , , , , , , , , , , , , ,			☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
			□ Diabetes management	☐ Mindful of daily	☐ Work activities
			☐ Sex education (partner selection)	movements Motor vehicle safety (DUI / no texting &	□ Family support, social interaction &
			☐ Safe sex practices (condoms, contraception, HIV/AIDS)	driving) □ Seat belt	communication □ Testicular self-exam
Assessment			□ Smoking/vaping use/exposure	☐ Skin cancer Prevention	□ Routine dental care
			Tobacco Use / Cessation	Tiovonicon	
			□ Never smoked or used tobacco	•	
			☐ Former smoker: # Yrs smoked		
Diam			☐ Current smoker: # Yrs smoked	•	•
Plan			Type used: □ Cigarettes □ Chev		
			☐ Advised to quit smoking	 Discussed smoking cessation medication 	 Discussed smoking cessation strategies
			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
Referrals					
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutritionist	Documentation Reminder		
□ 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.)	
			MA / Nurse Signature	Title	Date
Orders			-		
☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel	5 6		
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel	Provider Signature	Title	Date
☐ Influenza vaccine	☐ Chlamydia☐ Gonorrhea	☐ Low to moderate dose statin			
☐ MMR (if not up to date)	□ HIV	□ PPD skin test			
, , ,	□ Herpes	□ QFT	Notes (include date, time, s	signature, and title on a	all entries)
□ Pneumococcal vaccine	□ Syphilis	□ CXR	Notes (include date, time, s	signature, and title on a	
	□ Trichomonas	□ Urinalysis	☐ Member refused the following s	creening/orders:	
□ Tdap	□ gFOBT or Fit	□ ECG			
	□ Colonoscopy	□ COVID 19 test			
☐ Varicella (if not up to date)	□ HbA1C	□ Fasting plasma glucose			
□ Zoster	□ PSA	 □ Oral glucose tolerance test 			
□ Other:					

Comprehensive Health Assessment Na			Name:	DOB:	MR#:		
50+ Years: Female at Birth	Actual Age:	Date:	Current Alcohol / Substance Use	□ None	□ Alcohol		
Primary Language			☐ Drugs (specify):	□ IV Drugs-Current□ IV Drugs-Past Hx	□ Other:		
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused	Family History	□ None	□ Diabetes		
Intake	Ivaille of interpreter	Vital Signs	□ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture		
Allergies / Reaction		Temp	☐ High cholesterol	□ Cancer	□ Other:		
Height		BP	Immunization	□ None	□ Tdap:		
Weight		Pulse	History / Date	☐ See <u>CAIR</u> ☐ Influenza:	□ Zoster:		
□ Significant loss/gain:lbs		Resp	□ COVID #2:				
Pain	Location:		☐ COVID Booster(s):	☐ MMR:☐ Exempt (DOB <1957 &	□ Varicella:□ Exempt (non-healthcare worker)		
Cultural Needs (e.g., cult		4 5 6 7 8 9 10 religious practices, dietary	□ Hepatitis B:	non-healthcare worker) □ Pneumococcal:	☐ Other:		
preference/restrictions, and h	nealthcare beliefs):	□ Unremarkable	USPSTF Risk			High Risl	
Country of Birth: □ US			Screener	Screening Tools Used	Low Risk	(see Plan/ Orders/AG)	
At least 1 parent born in Afric Dental Home	Dental visit within past 1		Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ ACEs			
Advance Directive Info Given/Discussed	□ Yes □ Refuse	d	Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Chronic Problems/Sign ☐ Asthma ☐ Cancer ☐			Breast Cancer	☐ H&P, ☐ Other:			
□ HEPB □ HEPC □ F	High Cholesterol □ HIV	☐ HTN ☐ Liver Disease	Cervical Cancer	☐ H&P, ☐ Other:			
□ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other:			Cognitive Health (Start at 65 yrs old) Score:	☐ <u>MINI-COG</u> , ☐ <u>AD8</u> , ☐ Other:			
Functional Limitations (check all that apply): □ Ur	nremarkable	Colorectal Cancer	☐ H&P, ☐ Other:			
□ Seeing □ Hearing □ Mobility □ Communication □ Cognition □ Self-care Current Medications/Vitamins: □ See Medication List			Depression Score:	□ PHQ2, □ PHQ9, □ Other:			
			Diabetes	☐ H&P, ☐ Other:			
Education (last grade of Health education preference	. ,	_ ultimedia □ Other:	Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Interval History			Dyslipidemia	☐ H&P, ☐ Other:			
Diet / Nutrition	☐ Regular ☐ Lo	ow calorie □ ADA ther:	Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:			
Appetite	□ Good □ F	air 🗆 Poor	Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:			
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 2 ½ hrs nearweek)	ok w/ 2 days atranath training)	HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ SHA, □ H&P, □ Other:			
LMP:	G P A	ek w/ 2 days strength training) Menorrhagia	Lung Cancer	□ H&P, □ Other:			
		☐ Menopause	Obesity	☐ H&P, ☐ Other:			
Hysterectomy	□ Partial □ Total	- M.E. I. D. (Osteoporosis	□ H&P, □ Other:			
Sexually active	□ Yes □ No	□ Multiple Partners	Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:			
Contraceptive Used Last PAP/HPV	□ None □ Condoms Date:	Uther:	SDOH	□ <u>SDOH</u> ,			
Last Mammogram	Date:	□ WNL	Tobacco Use	☐ H&P, ☐ Other: ☐ <u>SHA</u> , ☐ <u>CRAFFT</u> ,			
Last Colonoscopy	Date:	□ WNL	Tuberculosis	☐ H&P, ☐ Other: ☐ TB Risk Screener,			
2401 00101000000000000000000000000000000		ps w/ social/emotional support	Exposure	□ Other:			
Social Determinants	,	e last visit (move, job, death)	Physical Examination			WNL	
of Health (SDOH)	 □ Problems with housing □ Family stressors (ment 	tood, employment al illness. drugs.violence/abuse)	General appearance	Well-nourished & develo	•		

 $\hfill\Box$ Family stressors (mental illness, drugs,violence/abuse)

No abuse/neglect evident

No lesions

Head

Comprehensive He	alth Assessment			Name:	DOB:	: MR#:
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal			□ Zoster	□ Mammogram	□ Low Dose CT (20-pack year
Ears	Canals clear, TMs normal Hearing grossly normal	al		☐ Hep B Panel (if high risk)	☐ Bone Density Test	smoking history & currently smoke or have quit within past 15 years)
Nose	Passages clear, MM pink	k, no lesions		□ Other:		
Teeth	No visible cavities, gross	ly normal		Anticipatory Guidanc	e (AG) / Education (√ if discussed)
Mouth / Pharynx	Oral mucosa pink, no les	ions		Diet, Nutrition & Exerc	cise	
Neck	Supple, no masses, thyro	oid not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Chest / Breast	Symmetrical, no masses			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Heart	No organic murmurs, reg	ular rhythm		□ Physical activity /	☐ Healthy food choices	□ Eating disorder
Lungs	Clear to auscultation bila	terally		Accident Prevention 8	•	
Abdomen	Soft, no masses, liver &	spleen normal		☐ Alcohol/drug/substance	□ ASA use	□ Independence
Genitalia	Grossly normal			misuse counseling	☐ Gun safety	☐ Personal development
Female	No lesions, normal exter	nal appearance		(suicidal ideation)	☐ Goals in life	☐ Aging process
Vaginal exam	Done or completed elsev OB/GYN name:	vhere		(emotional support)		
Femoral pulses	Present & equal			☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
Extremities	No deformities, full ROM			☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting &	☐ Family support, social interaction & communication
Lymph nodes	Not enlarged			□ Safe sex practices	driving) □ Seat belt	□ Self-breast exam
Back	No scoliosis			(condoms, contraception,		
Skin	Clear, no significant lesion	ons		HIV/AIDS)	☐ Routine dental care	□ Perimonanausa adusation
Neurologic	Alert, no gross sensory of	r motor deficit		use/exposure Tobacco Use / Cessa		□ Perimenopause education
Subjective / Objective Assessment	9			☐ Never smoked or used tob	oacco products oked # Cigarettes sr oked # Cigarettes sr	
				☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies
Plan				Next Appointment	coscilor medication	occountry strategies
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutrit	ionist			
□ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessat	ion class	Documentation Remir	nders	
□ OB/GYN	□ Other:			□ Screening tools (TB, Depression, HEP B,	□ Vaccines entered in CAIR (manufacturer,	☐ Problem / Medication Lists updated
Orders				etc.) are completed, dated, & reviewed by	lot #, VIS publication dates, etc.)	
□ COVID 19 vaccine /	☐ Hep C Antibody	□ CBC / Basic me	tabolic	provider		
booster Hep B vaccine (if not up	test (if high risk) ☐ Chlamydia	panel □ Hct / Hgb		MA / Nurse	Title	Date
to date)	☐ Gonorrhea☐ HIV (if high risk)	☐ Lipid panel☐ PPD skin test☐		Signature		
	□ Herpes	□ QFT		Duraidan Ci	Titl	D. f
☐ MMR (if not up to date)	☐ Syphilis☐ Trichomonas	□ CXR□ Urinalysis		Provider Signature	Title	Date
□ Pneumococcal	☐ Rx for folic acid	□ ECG				
☐ Tdap	0.4-0.8mg daily ☐ gFOBT or Fit	☐ COVID 19 test☐ Fasting plasma	glucose	Notes (include date, tir	me, signature, and title	e on all entries)
□ Variable /if not to	☐ Colonoscopy ☐ PAP	☐ Oral glucose tol	-	☐ Member refused the follow		
□ Varicella (if not up to date)	□ PAP □ HPV	☐ Low to moderate	e dose statin	_ monibol roladed the follow	9 551 551 11119/ 514 613.	

Comprehensive Health	n Assessment			Name:
50+ Years:	Actual Age:	Date:		Family History
Male at Birth Primary Language				☐ Heart disease / HTN
Interpreter Requested		□ Refused		☐ High cholesterol
<u> </u>	Name of Interpreter		•	Immunization History
Intake		Vital	Signs	Date
Allergies / Reaction		Temp		☐ COVID #1: ☐ COVID #2:
Height		BP		□ COVID Booster(s):
Weight □ Significant loss/gain:lbs		Pulse		
BMI Value		Resp		☐ Hepatitis B:
Pain	Location: Scale: 0 1 2 3	4 5 6 7	8 9 10	USPSTF Risk Screene
Cultural Needs (e.g., cultural b	packground/traditions, religion	ous practices, o	dietary	
preference/restrictions, and health	icare beliefs):	□ Unremar	kable	Abdominal Aortic
				Aneurism Adverse Childhood Experience
Country of Birth: US At least 1 parent bern in Africa As				(screen at least once in adulthood at earliest opportunity)
At least 1 parent born in Africa, As Dental Home	Dental visit within past 12		es □ No	Alcohol Misuse
Advance Directive				Cognitive Health
Info Given/Discussed	□ Yes □ Refused			(Start at 65 yrs old) Score:
Chronic Problems/Significa □ Asthma □ Cancer □ Depr				Colorectal Cancer
□ HEP B □ HEP C □ High (Cholesterol □ HIV □ H	TN □ Liver		Depression Score:
□ Seizures □ STI □ Uses □ Other:	JIME □ ≥ 2 ER VISITS IN 12	months		Diabetes
				Drug Misuse
Functional Limitations (check			re	Dyslipidemia
Current Medications/Vitami				Hep B (Test all 18 yrs and older at once at earliest opportunity)
				Hep C (Test all 18-79 yrs old at lea once at earliest opportunity)
Education (last grade comp	,	dia 🗆 Othar		HIV (Test all 15-65 yrs old at least or at earliest opportunity)
Interval History	erbar 🗆 visuar 🗀 iviulume	ula 🗆 Other.		Lung Cancer
Diet / Nutrition	□ Regular □ Lo	w calorie	□ ADA	Obesity
Diet / Nutifition	☐ Iron-rich foods ☐ Of	ther:		Sexually Transmitted
Appetite	□ Good □ Fa	air	□ Poor	Infections
Physical Activity	☐ Inactive (little or none)			SDOH
. Tryotodi Aotivity	` '	☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)		
Sexually active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM			Tobacco Use
Contraceptive Used	□ None □ Condoms	□ Other:		Tuberculosis Exposure
Last Colonoscopy	Date:	□ WNL		Physical Examination
Social Determinants of	 □ WNL-Stable relationships w/ social/emotional support □ Changes in family since last visit (move, job, death) 			General appearance
Health (SDOH)	□ Problems with housing/food/employment/incarceration			Head
Current Alcohol /	☐ Family stressors: mental☐ None	illness/drugs/vic	olence/abuse	Eyes
Substance Use				Ears
□ Drugs (specify):	□ IV Drugs-Current	□ Other:		N

□ IV Drugs-Past Hx

Name:	DOB:		t:
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History / Date	□ None □ See <u>CAIR</u>	□ Tdap:	
□ COVID #1: □ COVID #2:	□ Influenza:	□ Zoster:	
□ COVID Booster(s):	□ MMR: □ Exempt (DOB <1957 & non-healthcare worker) □ Pneumococcal:	□ Varicella: □ Exempt (non-healthcare worker) □ Other:	
□ Hepatitis B:	□ Fileumococcai.	□ Otilei.	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Abdominal Aortic	☐ H&P, ☐ Other:		
Aneurism Adverse Childhood Experiences (screen at least once in adulthood at	□ <u>ACEs</u>		
earliest opportunity) Alcohol Misuse	□ SHA, □ CRAFFT,		
	☐ H&P, ☐ Other: ☐ MINI-COG,	Ш	
Cognitive Health (Start at 65 yrs old) Score:	□ <u>MINI-COG</u> , □ <u>AD8</u> , □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ2,</u> □ <u>PHQ9,</u> □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ CDC HEP Risk, □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA</u> , □ H&P, □ Other:		
Lung Cancer	□ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae & 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		

0	a ma m wa h	0001110	Llaalib	Accomount
U	ompren	ensive	пеанн	Assessment

Comprenensive Healt	n Assessment	
Mouth / Pharynx	Oral mucosa pink, no les	ions \square
Neck	Supple, no masses, thyro enlarged	oid not
Chest	Symmetrical, no masses	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bila	terally
Abdomen	Soft, no masses, liver & s	spleen
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 lesio	ns 🗆
Neurologic	Alert, no gross sensory o motor deficit	r 🗆
Subjective / Objective		
Assessment		
Plan		
Referrals		
□ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation
□ Other:		class
Orders		
COVID 19 vaccine /	☐ Hep B Panel (if high	□ CBC / Basic
booster	risk)	metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb☐ Lipid panel
□ Influenza	□ Chlamydia	☐ Low to moderate dose statin
☐ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)	□ PPD skin test
- D	□ Herpes	□ QFT
□ Pneumococcal	☐ Syphilis☐ Trichomonas	□ CXR□ Urinalysis
□ Tdap	☐ gFOBT or Fit	□ ECG
□ Varicella (if not up to date)	☐ Colonoscopy ☐ Low Dose CT (20-	□ COVID 19 test □ Fasting plasma
()	pack year smoking	glucose
	smoke or have quit	 Oral glucose tolerance test
□ 7oster		□ HhΔ1C
☐ ₹ 091©I	(65 to 75 who have	□ PSA
	cigarettes in lifetime)	
□ Zoster □ Other:	history & currently smoke or have quit within past 15 years) AAA Ultrasound (65 to 75 who have ever smoked >100	☐ Oral glucose tolerance test☐ HbA1C

Name:	DOB:	MR#:				
Anticipatory Guidance (A	G) / Education (√ if dis	cussed)				
Diet, Nutrition & Exercise						
☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein				
□ Whole grains / iron-rich foods	☐ Limit fatty, sugary &	☐ Limit candy, chips &				
☐ Physical activity / exercise	salty foods ☐ Healthy food choices	ice cream □ Eating disorder				
Accident Prevention & Gu	· ·					
	1	□ Indonendence				
☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence				
 ☐ Signs of depression (suicidal ideation) 	☐ Gun safety	development				
□ Diabetes management	□ Violent behavior	☐ Goals in life				
□ Sex education (partner selection)	☐ Mindful of daily movements	☐ Work or retirement activities				
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication				
☐ Smoking/vaping use/exposure	□ Seat belt	☐ Testicular self-exam				
□ Routine dental care	□ Safety helmet	☐ Aging process				
☐ Former smoker: # Yrs smoked ☐ Current smoker: # Yrs smoked ☐	 □ Never smoked or used tobacco products □ Former smoker: # Yrs smoked # Cigarettes smoked/day Quit date □ Current smoker: # Yrs smoked # Cigarettes smoked/day Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other: □ Advised to quit smoking □ Discussed smoking cessation medication □ Cessation strategies 					
Next Appointment		account statistics				
	_ DTO DDV	- 04				
□ 1 year	□ RTC PRN	□ Other:				
Documentation Reminders						
		□ Droblem / Madigation				
☐ 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 / Nursea Ciamatura	Title	Date				
MA / Nurse Signature	Title	Date				
Provider Signature	Title	Date				
Notes (include date, time, signature, and title on all entries)						
☐ Member refused the following screening/orders:						