**Comprehensive Health Assessment Form** 

Comprenensive rie	ailii Assessiileiil	, I OIIII				
5 to 6 Months Old	Actual Age: Date:					
Sex at Birth	□ Male □ Female					
Accompanied by	□ Mother □ Fathe	r 🗆 Other:				
Parent's Primary Language						
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:					
Intake	(See WHO Growth Chart) Vital Signs					
Head Circumference		Temp				
Length		Pulse				
Weight		Resp				
Allergies / Reaction						
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10			
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):						
Birth Weight: Birth Length: Gestational Age:  Delivery:						
□ Other:			1011.10			
Current Medications/Vi	tamins: □ See Medicatio	on List				
Interval History						
Feedings	☐ Breastfed every hours ☐ Formulaoz every hours Formula Type or Brand:					
Elimination	□ Normal □ Abnormal					
Has WIC	□ Yes □ No					
Sleep	□ Normal □ Abnormal					
Sleep Position	□ Supine □ Prone □ Side					
Fluoride Use	Drinks fluoridated water or takes supplements: □Yes □No					
Fluoride Varnish	Applied to teeth within last	6 months: □ 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 leath < 50 yrs			
□ Other:						
Psychosocial / Behavioral Social Drivers of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation ☐ Family stressors (mental illness, drugs, violence/abuse)					
Lives with	□ 1 Parent □ 2 Parents □ Other:					

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

Comprehensive He	ealth Assessmen	t Form	Name:	DOB	: MR#:	
Subjective / Objective	е		Anticipatory Guidano Health education preference			
			Diet, Nutrition & Exer	liet, Nutrition & Exercise		
			☐ Introduction to solids	□ Fortified Infant Cereals	☐ Start solid foods one at a time	
			☐ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup	
			<b>Accident Prevention</b>	& Guidance		
			☐ <u>Lead poisoning</u> prevention	☐ 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 vamish treatment	□ Matches / burns	□ Play with cloth book	
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth	
			☐ Caution with strangers	<ul><li>□ Poison control phone number</li></ul>	□ 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 CAI (manufacturer, lot #, VIS publication dates, etc.)	
Referrals			MA / Nurse	Title	Date	
□ <u>WIC</u>	□ Optometrist /	□ Audiologist	Signature	Tiue	Date	
☐ Maternal Behavioral Health	Ophthalmologist  ☐ Dietician / Nutritionist	□ Pulmonologist	Provider Signature	Title	Date	
□ Dentist	□ Regional Center	☐ Early Start or Local Education Agency				
☐ CA Children's Services (CCS)	□ Other:	, , , , , , , , , , , , , , , , , , ,				
Orders			Notes (include date ti	me signature and titl	e on all entries)	
□ COVID 19 vaccine	□ IPV	□ CBC / Basic metabolic panel	,	Notes (include date, time, signature, and title on all entries)   Member/parent refused the following screening/orders:		
□ DTaP	□ PCV	□ Hct / Hgb				
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test				
☐ 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:	- F. E. , second					