

# Comprehensive Health Assessment Form

|  |   |
|--|---|
| <b>7 to 9 Months Old</b>   | Actual Age: _____ Date: _____   |
| Sex at Birth   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| Accompanied by   | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____   |
| Parent's Primary Language  | _____   |
| Interpreter Requested  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused<br>Name of Interpreter: _____   |
| <b>Intake</b>  | (See WHO Growth Chart) <b>Vital Signs</b>   |
| Head Circumference   | Temp _____  |
| Length   | Pulse _____   |
| Weight   | Resp _____  |
| Allergies / Reaction   | _____   |
| Pain   | Location: _____<br>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):   | <input type="checkbox"/> Unremarkable   |
| Birth Weight: _____ Birth Length: _____ Gestational Age: _____<br>Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section<br>Complications: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____<br>At least 1 parent born in Africa, Asia, Pacific Islands: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Chronic Problems/Significant Conditions: <input type="checkbox"/> None <input type="checkbox"/> See Problem List<br><input type="checkbox"/> DM <input type="checkbox"/> Dialysis <input type="checkbox"/> Heart Disease <input type="checkbox"/> HEP B <input type="checkbox"/> HEP C <input type="checkbox"/> HIV<br><input type="checkbox"/> Liver Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Uses DME <input type="checkbox"/> ≥ 2 ER visits in 12 months<br><input type="checkbox"/> Other: _____ |   |
| Current Medications/Vitamins: <input type="checkbox"/> See Medication List   |   |
| <b>Interval History</b>  |   |
| Diet / Nutrition   | <input type="checkbox"/> Regular <input type="checkbox"/> Iron-rich foods <input type="checkbox"/> Other: _____   |
| Feedings   | <input type="checkbox"/> Breastfed every _____ hours<br><input type="checkbox"/> Formula _____ oz every _____ hours<br>Formula Type or Brand: _____   |
| Elimination  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal   |
| Has WIC  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Sleep  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal   |
| Sleep Position   | <input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Side  |
| Fluoride Use   | Drinks fluoridated water or takes supplements: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Fluoride Varnish   | Applied to teeth within last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Vaccines Up to Date  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See <a href="#">CAIR</a>  |
| <b>Family History</b>  | <input type="checkbox"/> Unremarkable <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Heart disease / HTN   | <input type="checkbox"/> Lives/lived with someone HBV+ <input type="checkbox"/> Born to HBV+ parents  |
| <input type="checkbox"/> High cholesterol  | <input type="checkbox"/> Cancer <input type="checkbox"/> Family Hx of unexpected or sudden death < 50 yrs   |
| <input type="checkbox"/> Other: _____  |   |
| <b>Psychosocial / Behavioral Social Drivers of Health (SDOH)</b>   | <input type="checkbox"/> Unremarkable for social drivers of health<br><input type="checkbox"/> Changes in family since last visit (move, job, death)<br><input type="checkbox"/> Problems with housing, food, employment, transportation<br><input type="checkbox"/> Family stressors (mental illness, drugs, violence/abuse) |
| Lives with   | <input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parents <input type="checkbox"/> Other: _____  |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

| AAP Risk Screener                                 | Screening Tools Used   | Low Risk                                       | High Risk (see Plan/Orders/AG) |
|---|--|--|--------------------------------|
| Blood Lead Education (At each Well Visit)         | <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____  | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Dental (cavities, no dental home)                 | <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____  | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Developmental Disorder (At 9 months) Score: _____ | <input type="checkbox"/> <a href="#">ASQ-3</a> , <input type="checkbox"/> <a href="#">SWYC</a> ,<br><input type="checkbox"/> Other: _____                                | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Hepatitis B                                       | <input type="checkbox"/> <a href="#">CDC HEP Risk</a> ,<br><input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____   | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Member Risk Assessment                            | <input type="checkbox"/> <a href="#">SDOH</a> , <input type="checkbox"/> <a href="#">PEARLS</a> ,<br><input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____ | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Psychosocial / Behavioral                         | <input type="checkbox"/> <a href="#">SDOH</a> , <input type="checkbox"/> <a href="#">PEARLS</a> ,<br><input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____ | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| Tuberculosis Exposure                             | <input type="checkbox"/> <a href="#">TB Risk Assessment</a> ,<br><input type="checkbox"/> Other: _____   | <input type="checkbox"/>                       | <input type="checkbox"/>       |
| <b>Growth and Development</b>                     |  |  |                                |
| <input type="checkbox"/> Sits without support     | <input type="checkbox"/> Transfers object hand to hand   | <input type="checkbox"/> Looks for toy dropped |                                |
| <input type="checkbox"/> Begins to crawl          | <input type="checkbox"/> Rolls over  | <input type="checkbox"/> Says "mama" or "dada" |                                |
| <input type="checkbox"/> Pulls to stand           | <input type="checkbox"/> Feeds self, cracker   | <input type="checkbox"/> Scribbles             |                                |
| <b>Physical Examination</b>                       |  |  | <b>WNL</b>                     |
| General appearance                                | Well-nourished & developed<br>No abuse/neglect evident   | <input type="checkbox"/>                       |                                |
| Head  | Symmetrical, A.F. open _____ cm  | <input type="checkbox"/>                       |                                |
| Eyes  | PERRLA, conjunctivae & sclerae clear<br>Red reflexes present, No strabismus<br>Appears to see  | <input type="checkbox"/>                       |                                |
| Ears  | Canals clear, TMs normal<br>Appears to hear  | <input type="checkbox"/>                       |                                |
| Nose  | Passages clear, MM pink, no lesions  | <input type="checkbox"/>                       |                                |
| Teeth   | Present, grossly normal,<br>No visible cavities  | <input type="checkbox"/>                       |                                |
| Mouth / Gums                                      | Pink, no bleeding/inflammation/lesions   | <input type="checkbox"/>                       |                                |
| Neck  | Supple, no masses,<br>thyroid not enlarged   | <input type="checkbox"/>                       |                                |
| Chest / Breast                                    | Symmetrical, no masses   | <input type="checkbox"/>                       |                                |
| Heart   | No organic murmurs, regular rhythm   | <input type="checkbox"/>                       |                                |
| Lungs   | Clear to auscultation bilaterally  | <input type="checkbox"/>                       |                                |
| Abdomen   | Soft, no masses, liver & spleen normal   | <input type="checkbox"/>                       |                                |
| Genitalia   | Grossly normal   | <input type="checkbox"/>                       |                                |
| Male  | Circ / uncircumcised, testes in scrotum  | <input type="checkbox"/>                       |                                |
| Female  | No lesions, normal external appearance   | <input type="checkbox"/>                       |                                |
| Hips  | Good abduction   | <input type="checkbox"/>                       |                                |
| Femoral pulses                                    | Normal   | <input type="checkbox"/>                       |                                |
| Extremities                                       | No deformities, full ROM   | <input type="checkbox"/>                       |                                |
| Skin  | Clear, no significant lesions  | <input type="checkbox"/>                       |                                |
| Neurologic  | Alert, no gross sensory or motor deficit   | <input type="checkbox"/>                       |                                |

