Comprehensive Health Assessment Form

Comprehensive Ha	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary Language			
Interpreter Requested	□ Yes □ No □ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart) Vital Signs		
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Cultural Needs (e.g., cul preference/restrictions, and Birth Weight: B	tural background/traditions, healthcare beliefs):	religious practice □ Unre	es, dietary markable
Complications: □ Yes Country of Birth: □ US At least 1 parent born i Chronic Problems/Sigr □ DM □ Dialysis □ He	□ Other: n Africa, Asia, Pacific ificant Conditions: □ I art Disease □ HEP B □	None □ See Pr □ HEP C □ H	oblem List IV
Liver Disease Seizure Other: Current Medications/Vi			
□ Other:			
Other: Ourrent Medications/Vi		on List	
Other: Current Medications/Vi Interval History	itamins:	on List foods □ Other: hours every hou	
Other: Current Medications/Vi Interval History Diet / Nutrition	itamins: See Medication Regular Iron-rich Breastfed every Formula	n List foods □ Other: hours everyhou d:	
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings	itamins: See Medication Regular Iron-rich Breastfed every Formulaoz Formula Type or Bran	n List foods □ Other: hours everyhou d:	
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination	itamins: See Medication Regular Iron-rich Breastfed every Formula Formula Sormal Abnorm	n List foods □ Other: hours every hou d: al	
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC	itamins: See Medication Regular Iron-rich Breastfed every Formulaoz of Formula Type or Bran Normal Abnorm Yes No	n List foods □ Other: hours every hou d: al	
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep	itamins: See Medication Regular Iron-rich Breastfed every	n List foods Other: foods Other: foods Other: foods fo	ırs
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position	itamins: See Medication Regular Hon-rich Breastfed every Formulaoz Formula Type or Bran Normal Yes No Normal Abnorm Supine Prone	n List foods Other: foods Other: foods Other: foods fo	JITS
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use	tamins: See Medication Regular Horn-rich Breastfed every Formulaoz Formula Type or Bran Normal Normal Normal Normal Supine Prone Drinks fluoridated water or	n List foods Other: foods Other: foods Other: foods fo	Jrs nts: □Yes □No
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use Fluoride Varnish	tamins: See Medication Regular Formula Formula Yee Normal	on List foods □ Other: hours everyhou d: al al □ Side r takes supplement t for months: □ Ye	Jrs nts: □Yes □No
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use Fluoride Varnish Vaccines Up to Date	itamins: See Medication Regular Formula Formula Formula Formula Yes No Supine Prone Drinks fluoridated water on Applied to teeth within last Yes No	In List	ırs nts: ⊡Yes ⊡No s ⊡ No
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use Fluoride Varnish Vaccines Up to Date Family History	itamins: See Medication Regular Promula Formula Formula Formula Yes No Normal Normal Normal Abnorm Supine Prone Drinks fluoridated water on Applied to teeth within last Yes No Lives/lived with	In List	ırs nts: □Yes □No s □ No /+ parents
 □ Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use Fluoride Varnish Vaccines Up to Date Family History □ Heart disease / HTN 	itamins: See Medication Regular Formula Formula Formula Formula Yes No Supine Ves No Prone Drinks fluoridated water on Applied to teeth within last Yes Ves No Lives/lived with someone HBV+	In List	urs Ints: □Yes □No s □ No /+ parents f unexpected
Other: Current Medications/Vi Interval History Diet / Nutrition Feedings Elimination Has WIC Sleep Sleep Position Fluoride Use Fluoride Varnish Vaccines Up to Date Family History Heart disease / HTN High cholesterol	itamins: See Medication Regular Formula Formula Formula Formula Yes No Supine Ves No Prone Drinks fluoridated water on Applied to teeth within last Yes Ves No Lives/lived with someone HBV+	In List	JITS JITS INS: □Yes □No s □ No /+ parents f unexpected eath < 50 yrs ob, death) ransportation

Name:	DOB	N N	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Blood Lead Education (At each Well Visit)	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 9 months) Score:	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Member Risk Assessment	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Psychosocial / Behavioral	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Tuberculosis Exposure	□ <u>TB Risk Assessment,</u> □ Other:		
Growth and Developm	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	l		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 normal Appears to hear		
Nose	Passages clear, MM pink, no lesions		
Teeth	Present, grossly normal, No visible cavities		
Mouth / Gums	Pink, no bleeding/inflamr	mation/lesions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesio		
Neurologic	Alert, no gross sensory o	or motor deficit	

Comprehensive H	lealth Assessment For	rm
-----------------	-----------------------	----

)	
Accessment		
Assessment		
Plan		
Referrals		
	□ Optometrist / Ophthalmologist	□ Audiologist
□ <u>WIC</u>	 □ Optometrist / Ophthalmologist □ Dietician / Nutritionist 	□ Audiologist □ Pulmonologist
WIC Dentist CA Children's Services	Ophthalmologist	Pulmonologist Early Start or Local
Dentist CA Children's Services (CCS)	Ophthalmologist Dietician / Nutritionist	Pulmonologist
WIC Dentist CA Children's Services (CCS)	Ophthalmologist Dietician / Nutritionist	Pulmonologist Early Start or Local
WIC Dentist CA Children's Services (CCS) Other:	Ophthalmologist Dietician / Nutritionist	Pulmonologist Early Start or Local
WIC Dentist CA Children's Services (CCS) Other: Orders	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel
Cother: Covid 19 vaccine DTaP (if not up to date)	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk)
WIC Dentist CA Children's Services (CCS) Other: Orders COVID 19 vaccine DTaP (if not up to date) Hep A vaccine (if high	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk) PPD skin test
	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk)
	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Requires 2-3 doses, depends on manufacturer Hep B Panel (if	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk) PPD skin test QFT CXR
 □ WIC □ Dentist □ CA Children's Services (CCS) □ Other: Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if high risk) □ Hep B vaccine □ Hib (if not up to date) 	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Requires 2.3 doses, depends on manufacturer Hep B Panel (if high risk)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk) PPD skin test QFT CXR Urinalysis
 □ WIC □ Dentist □ CA Children's Services (CCS) □ Other: Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if high risk) □ Hep B vaccine □ Hib (if not up to date) □ Influenza vaccine 	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Requires 2-3 doses, depends on manufacturer Hep B Panel (if high risk) Rx Fluoride drops /	 Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk) PPD skin test QFT CXR Urinalysis ECG
 WIC Dentist CA Children's Services (CCS) Other: Other: Orders COVID 19 vaccine DTaP (if not up to date) Hep A vaccine (if high risk) Hep B vaccine Hib (if not up to date) 	Ophthalmologist Dietician / Nutritionist Regional Center Meningococcal (if high risk) MMR (if high risk) PCV (if not up to date) Rotavirus Requires 2.3 doses, depends on manufacturer Hep B Panel (if high risk)	Pulmonologist Early Start or Local Education Agency CBC / Basic metabolic panel CBC / Basic metabolic panel Hct / Hgb Lipid panel (if high risk) PPD skin test QFT CXR Urinalysis

Name:	DOB	: MR#:	
Anticipatory Guidance	• • •	-	
Health education preference: □ Verbal □ Visual □ Multimedia □ Other: Diet, Nutrition & Exercise			
Introduction to meats & proteins	 Fortified Infant Cereals 	□ Mashed table food	
Whole grains / iron-rich foods	□ Finger foods	□ Start feeder cup	
Physical activity / exercise	 Healthy food choices 	\Box No bottles in bed	
Accident Prevention	& Guidance		
□ <u>Lead poisoning</u> prevention	 Rear facing infant car seat 	Electrical outlet covers	
□ Routine dental care	□ Choking hazards	□ Allow to feed self	
Brush teeth with fluoride toothpaste	Storage of drugs / toxic chemicals	Understands "no" but not discipline	
 Fluoride varnish treatment 	□ Matches / burns	□ Play with cloth book	
 Family support, social interaction & communication 	 Violence prevention, gun safety 	□ Physical growth	
Childcare plan	Poison control phone number	Decreased appetite	
□ Skin cancer prevention	Smoke detector	□ Limit screen time	
□ Falls	□ Hot water temp < 120° F	Bedtime	
 Effects of passive smoking 	Drowning / pool fence	□ Teething	
Next Appointment	Next Appointment		
□ At 12 months old	RTC PRN	□ Other:	

Documentation Remin	nders	
Screening tools (TB, HEP B, Developmental D/O, etc.) are completed, dated, & reviewed by provider	 Length, Weight & Head Circumference measurements plotted in WHO growth chart 	Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	Title	Date

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

7 to 9 Months Old - Page 2 of 2