Comprehensive Health Assessment Form

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Under 1 Month 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						
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):						
Birth Weight: Bi	rth Length: Ge	estational Age:				
Delivery: □ Vaginal						
Complications: Yes Newborn Hearing Screen		□ Refer				
Country of Birth: US						
At least 1 parent born in		Islands: □ Yes □ No				
OB/GYN Provider: Post-Partum Appointment	ent Date:					
Cord	□ Absent □ Redness/swelling □	Present Vellow drainage				
Chronic Problems/Sign						
□ DM □ Dialysis □ Hea						
☐ Liver Disease ☐ Seizure☐ Other:	s □ Uses DME □ ≥ 2	ER visits in 12 months				
Current Medications/Vir	tamins: See Medication	n List				
Interval History						
NI. delli e e	□ Breastfed every					
Nutrition	☐ Formulaoz € Formula Type or Bran					
Elimination	□ Normal □ Abnormal					
Has WIC	□ Yes □ No					
Sleep	□ Normal (2-4 hours)	□ Abnormal				
Sleeping Position	□ Supine □ Prone	□ Side				
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>				
Family History	□ Unremarkable	□ Diabetes				
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents				
☐ High cholesterol	□ Cancer	□ Family Hx of unexpected or sudden death < 50 yrs				
☐ Childhood hearing impairment	□ Other:					
Psychosocial / Behavioral Social Drivers of Health (SDOH)	□ Unremarkable for social -0p 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:					

lame:	DOB:		1R#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ 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	☐ TB Risk Assessment,			
Exposure Growth and Developm	□ Other:			
□ Prone, lifts head briefly	☐ Turns head side to side	sound		
☐ Moro reflex	☐ Blinks at bright light	□ Keeps hand:	s in a fist	
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect eviden			
Head	Symmetrical, A.F. open _			
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see			
Ears	Canals clear, TMs norma Appears to hear			
Nose	Passages clear, MM pink			
Mouth / Gums	Pink, no bleeding/inflamm No cleft lip or palate			
Neck	Supple, no masses, thyroid not enlarged			
Chest	Symmetrical, no masses			
Heart	No organic murmurs, reg			
Lungs	Clear to auscultation bila			
Abdomen	Soft, no masses, liver & s			
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal extern	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion			
Neurologic	Alert, no gross sensory o	r motor deficit		
Subjective / Objective				

Comprehensive He	ealth Assessment	Form	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	car seat	objects & bright colors	
			☐ Call MD for fever	☐ Choking hazards	☐ 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 Reminders			
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)	
			MA / Nurse Signature	Title	Date	
			Provider Signature	Title	Date	
Referrals			Notes (include date, ti	me, signature, and titl	e on all entries)	
□ <u>WIC</u>	□ Audiologist	☐ Optometrist / Ophthalmologist	☐ Member/parent refused the	☐ Member/parent refused the following screening/orders:		
☐ Maternal Behavioral	□ Regional Center	☐ Early Start or Local				
Health	ŭ	Education Agency				
☐ CA Children's Services (CCS)	□ Other:					
Orders						
☐ Hep B vaccine	□ Newborn metabolic screen	☐ Obtain newborn hospital records & hearing screen				
☐ Hep B Panel (if at risk)	□ Other:	results				