

Comprehensive Health Assessment Form

12 to 15 Months Old	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 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): <input type="checkbox"/> Unremarkable	
Birth Weight: _____ Birth Length: _____ Gestational Age: _____ Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section Complications: <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____ 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 <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 <input type="checkbox"/> Liver Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Uses DME <input type="checkbox"/> ≥ 2 ER visits in 12 months <input type="checkbox"/> Other: _____	
Current Medications/Vitamins: <input type="checkbox"/> See Medication List	
Interval History	
Dental Home	Dental visit within past 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No Drinks fluoridated water or takes supplements: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluoride varnish applied in last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Diet / Nutrition	<input type="checkbox"/> Regular <input type="checkbox"/> Iron-rich foods <input type="checkbox"/> Other: _____
Elimination	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Has WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Activity	<input type="checkbox"/> Inactive (little or none) <input type="checkbox"/> Some (< 30 min/day) <input type="checkbox"/> Active (> 30 min/day)
Sleep	<input type="checkbox"/> Regular <input type="checkbox"/> Sleep regression <input type="checkbox"/> Nighttime fears
Vaccines Up to Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See CAIR
Family History	<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"/> Anemia	<input type="checkbox"/> Other: _____
Psychosocial / Behavioral Social Drivers of Health (SDOH)	<input type="checkbox"/> Unremarkable for social drivers of health <input type="checkbox"/> Changes in family since last visit (move, job, death) <input type="checkbox"/> Problems with housing, food, employment, transportation <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)
Anemia	<input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Blood Lead Test Test at 12 months and Educate at each well visit	<input type="checkbox"/> Lead Assessment , <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"/>
Hepatitis B	<input type="checkbox"/> CDC HEP Risk , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Member Risk Assessment	<input type="checkbox"/> SDOH , <input type="checkbox"/> PEARLS , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial / Behavioral	<input type="checkbox"/> SDOH , <input type="checkbox"/> PEARLS , <input type="checkbox"/> H&P, <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Exposure	<input type="checkbox"/> TB Risk Assessment , <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Growth and Development			
<input type="checkbox"/> Walks alone well	<input type="checkbox"/> Three-word vocabulary	<input type="checkbox"/> Stacks two-block tower	
<input type="checkbox"/> Stoops and recovers	<input type="checkbox"/> Plays pat-a-cake	<input type="checkbox"/> Says "mama" or "dada"	
<input type="checkbox"/> Takes lids off containers	<input type="checkbox"/> Feeds self	<input type="checkbox"/> Scribbles	
Physical Examination			WNL
General appearance	Well-nourished & developed No abuse/neglect evident	<input type="checkbox"/>	
Head	Symmetrical, A.F. open _____ cm	<input type="checkbox"/>	
Eyes	PERLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	<input type="checkbox"/>	
Ears	Canals clear, TMs normal Appears to hear	<input type="checkbox"/>	
Nose	Passages clear, MM pink, no lesions	<input type="checkbox"/>	
Teeth	No visible cavities, grossly normal	<input type="checkbox"/>	
Mouth / Gums	Pink, no bleeding/inflammation/lesions	<input type="checkbox"/>	
Neck	Supple, no masses, 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"/>	

