Comprehensive Health Assessment Form

Name: DOB: MR#:

16 to 23 Months Old	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., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Birth Weight: _____ Birth Length: _____ Gestational Age: _____
Delivery: ☐ Vaginal ☐ C-section
Complications: ☐ Yes ☐ No
Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List
☐ DM ☐ Dialysis ☐ Heart Disease ☐ HEP B ☐ HEP C ☐ HIV
☐ Liver Disease ☐ Seizures ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)	
Sleep	☐ Regular ☐ Sleep regression ☐ Nighttime fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ 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:	

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Anemia	☐ H&P, ☐ Other:	☐	☐
Autism Disorder (At 18 months) Score: ___	☐ SWYC, ☐ M-CHAT, ☐ Other:	☐	☐
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Developmental Disorder (At 18 months) Score: ____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Member Risk Assessment	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Psychosocial / Behavioral	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Walks alone fast	☐ 7 to 20-word vocabulary	☐ Stacks three-block tower
☐ Climbs	☐ Names 5 body parts	☐ Says "mama" or "dada"
☐ Kicks a ball	☐ Indicates wants by pointing and pulling	☐ Sips from cup, a little spillage

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. open _____cm	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities & grossly normal	☐
Mouth / Gums	Pink, no bleeding/inflammation/lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction, leg length equal	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

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Subjective / Objective

Assessment

Plan

Referrals

☐ WIC	☐ Optometrist / Ophthalmologist	☐ Audiologist
☐ Dentist	☐ Dietician / Nutritionist	☐ Pulmonologist
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ Other:		

Orders

☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)
☐ Hep A vaccine (if not up to date)	☐ PPSV (if high risk)	☐ Lipid panel (if high risk)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ Hib (if not up to date)	☐ Blood Lead	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ IPV (if not up to date)	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed)

Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ Relaxed atmosphere / Avoid rushing while eating	☐ Vegetables, fruits	☐ Caloric balance
☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear facing toddler car seat	☐ Independence
☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Dressing self
☐ Fluoride varnish treatment	☐ Matches / burns	☐ Reading together
☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
☐ Caution with strangers	☐ Poison control phone number	☐ Parallel peer play
☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
☐ Falls	☐ Hot water temp < 120° F	☐ Bedtime
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training

Next Appointment

☐ At 2 years old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Autism, Developmental D/O, HEP B, 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: