## Comprehensive Health Assessment Form

Name: DOB: MR#:

| 6 to 8 Years Old | Actual Age: Date: | | |
|---|---|---|---|
| Sex at Birth | ☐ Male ☐ Female | | |
| Accompanied By | ☐ Self ☐ Parent ☐ Other: | | |
| Parent's Primary Language | | | |
| Interpreter Requested | ☐ Yes ☐ No ☐ Refused<br>Name of Interpreter: | | |
| **Intake** | (See CDC Growth Chart) | **Vital Signs** | |
| Height | | Temp | |
| Weight | | BP | |
| BMI Value | | Pulse | |
| BMI % | | Resp | |
| Allergies / Reaction | | | |
| Pain | Location:<br>Scale: 0 1 2 3 4 5 6 7 8 9 10 | | |
| Hearing Screening | ☐ Responded at ≤ 25 dB at 1000-4000 frequencies in both ears ☐ Non coop | | |
| Vision Screening | OD: OS: ☐ Non coop | | |
| Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable | | | |
| Country of Birth: ☐ US ☐ Other: _____<br>At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No | | | |
| Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List<br>☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease<br>☐ HEP B ☐ HEP C ☐ HIV ☐ HTN ☐ Liver Disease ☐ Seizures<br>☐ Uses DME ☐ ≥ 2 ER visits in 12 months<br>☐ Other: | | | |
| Current Medications/Vitamins: ☐ See Medication List | | | |
| **Interval History** | | | |
| Dental Home | Dental visit within past 12 months: ☐ Yes ☐ No<br>Drinks fluoridated water or takes supplements: ☐Yes ☐No | | |
| Diet / Nutrition | ☐ Regular ☐ Iron-rich foods ☐ Other: | | |
| Appetite | ☐ Good ☐ Fair ☐ Poor | | |
| Physical Activity | ☐ Inactive (little or none)<br>☐ Some (< 2 ½ hrs/week)<br>☐ Active (≥ 60 min/day)<br>☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain | | |
| Sleep Pattern | ☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis | | |
| 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**<br>**Social Determinants of Health (SDOH)** | ☐ Unremarkable for social drivers of health<br>☐ Changes in family since last visit (move, job, death)<br>☐ Problems with housing, food, employment, transportation<br>☐ 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: | ☐ | ☐ |
| Dental (cavities, no dental home) | ☐ H&P, ☐ Other: | ☐ | ☐ |
| Dyslipidemia | ☐ H&P, ☐ Other: | ☐ | ☐ |
| Hepatitis B | ☐ CDC HEP Risk,<br>☐ H&P, ☐ Other: | ☐ | ☐ |
| Member Risk Assessment | ☐ SDOH, ☐ PEARLS,<br>☐ H&P, ☐ Other: | ☐ | ☐ |
| Psychosocial / Behavioral | ☐ SDOH, ☐ PEARLS,<br>☐ H&P, ☐ Other: | ☐ | ☐ |
| Tuberculosis Exposure | ☐ TB Risk Assessment,<br>☐ Other: | ☐ | ☐ |

| **Growth and Development / School Progress** | **Grade:** _____ | |
|---|---|---|
| ☐ Rides bicycle | ☐ Knows right from left | ☐ Reads for pleasure |
| ☐ Ties shoelaces | ☐ Draws person with 6 parts including clothing | ☐ Tells time |
| ☐ Rules and consequences | ☐ Independence | ☐ Prints first name |

| **Physical Examination** | | **WNL** |
|---|---|---|
| General appearance | Well-nourished & developed<br>No abuse/neglect evident | ☐ |
| Head | No lesions | ☐ |
| Eyes | PERRLA, conjunctivae & sclerae clear<br>Vision grossly normal | ☐ |
| Ears | Canals clear, TMs normal<br>Hearing grossly normal | ☐ |
| Nose | Passages clear, MM pink, no lesions | ☐ |
| Teeth | No visible cavities & grossly normal | ☐ |
| Mouth / Gums | Pink, no bleeding/inflammation/lesions | ☐ |
| 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 | ☐ |
| Femoral pulses | Normal | ☐ |
| Extremities | No deformities, full ROM | ☐ |
| Lymph nodes | Not enlarged | ☐ |
| Back | No scoliosis | ☐ |
| Skin | Clear, no significant lesions | ☐ |
| Neurologic | Alert, no gross sensory or motor deficit | ☐ |

| **Subjective / Objective** |
|---|
| |
| |

Name: DOB: MR#:

## Assessment

## Plan

## Referrals

| | | |
|---|---|---|
| ☐ Dentist | ☐ Optometrist / Ophthalmologist | ☐ Audiologist |
| ☐ Dietician / Nutritionist | ☐ Regional Center | ☐ Early Start or Local Education Agency |
| ☐ CA Children's Services (CCS) | ☐ 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 (if not up to date) | ☐ Tdap (≥7 yrs) | ☐ Lipid panel (if high risk) |
| ☐ Hep B (if not up to date) | ☐ Varicella (if not up to date) | ☐ PPD skin test (if high risk)<br>☐ QFT (if high risk) |
| ☐ IPV (if not up to date) | ☐ Blood Lead (if high risk) | ☐ CXR<br>☐ Urinalysis |
| ☐ Influenza vaccine | ☐ Hep B Panel (if high risk) | ☐ ECG<br>☐ COVID 19 test |
| ☐ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD) | ☐ Other: | |

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

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

### Diet, Nutrition & Exercise

| | | |
|---|---|---|
| ☐ Weight control / obesity | ☐ Vegetables, fruits | ☐ Lean protein |
| ☐ Whole grains / iron-rich foods | ☐ Limit fatty, sugary & salty foods | ☐ Limit candy, chips & ice cream |
| ☐ Physical activity / exercise | ☐ Healthy food choices | ☐ Eating disorder |

### Accident Prevention & Guidance

| | | |
|---|---|---|
| ☐ Routine dental care | ☐ Use of social media | ☐ Peer pressure |
| ☐ Lead Poisoning Prevention | ☐ Avoid risk-taking behavior | ☐ Independence |
| ☐ Signs of depression (suicidal ideation) | ☐ Gun safety | ☐ Personal development |
| ☐ Mental health (emotional support) | ☐ Non-violent conflict resolution | ☐ Physical growth |
| ☐ Form caring & supportive relationships with family & peers | ☐ Safety helmet<br>☐ Seat belt | ☐ Daily mindful movements |
| ☐ Early Sex education | ☐ Limit screen time | ☐ Puberty |
| ☐ Smoking/vaping use/exposure | ☐ Skin cancer prevention | ☐ Bedtime |

### Next Appointment

| | | |
|---|---|---|
| ☐ 1 year | ☐ RTC PRN | ☐ Other: |

## Documentation Reminders

| | | |
|---|---|---|
| ☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider | ☐ Height / Weight / BMI measurements plotted in CDC 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: