Comprehensive Health Assessment Form

Name: **DOB:** **MR#:**

21 to 39 Years: Male at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ___lbs		Pulse	
BMI Value		Resp	
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

Country of Birth: ☐ US ☐ Other: _____
At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info given/discussed	☐ Yes ☐ Refused

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

Functional Limitations (check all that apply): ☐ Unremarkable
☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

Education (last grade completed): _____
Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Social Determinants of Health (SDOH)	☐ Unremarkable for social drivers of health ☐ Changes since last visit (move, job, death) ☐ Problems with housing, food, employment, transportation ☐ Stressors (mental illness, alcohol/drugs, violence/abuse)	
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Other:

Immunization History / Date	☐ None	☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella:
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Alcohol Misuse Score: _____	☐ TAPS, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse Score: _____	☐ TAPS, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	☐ H&P, ☐ Other:	☐	☐
Member Risk Assessment	☐ SDOH, ☐ ACEs ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ TAPS, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
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	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 Prostate Exam / Rectal	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐

Name: DOB: MR#:

Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ Other:		

Orders

☐ COVID 19 vaccine / booster	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Varicella (if not up to date)	☐ Hct / Hgb ☐ Lipid panel
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Low to moderate dose statin
☐ Influenza vaccine	☐ Hep C Antibody test (if high risk)	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ Chlamydia ☐ Gonorrhea	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ ECG ☐ COVID 19 test
☐ Pneumococcal (if high risk)	☐ Syphilis ☐ Trichomonas	☐ Fasting plasma glucose ☐ HbA1C
☐ Other:		

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

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

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Violent behavior	☐ Goals in life
☐ Diabetes Management	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Academic or work plans
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Family support, social interaction & communication
☐ Skin cancer prevention	☐ Safety helmet	☐ Testicular self-exam
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Sex education (partner selection

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____

☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____

Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)	☐ Problem/Medication Lists updated

MA / Nurse Signature	Title	Date
Provider Signature	**Title**	**Date**

Notes (include date, time, signature, and title on all entries)

☐ Member refused the following screening/orders: