Comprehensive Health Assessment Form

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

40 to 49 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:		
Last Colonoscopy	Date: ☐ WNL		
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	☐ Unremarkable	☐ 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: ☐ Exempt (DOB < 1980 & non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Alcohol Misuse Score: _____	☐ TAPS, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ 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	☐

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Femoral pulses	Present & equal	☐
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

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ Low to moderate dose statin
☐ MMR (if not up to date)	☐ HIV ☐ Herpes	☐ PPD skin test ☐ QFT
☐ Pneumococcal vaccine	☐ Syphilis ☐ Trichomonas	☐ CXR ☐ Urinalysis
☐ Tdap	☐ gFOBT or Fit ☐ Colonoscopy	☐ ECG ☐ COVID 19 test
☐ Varicella (if not up to date)	☐ HbA1C	☐ Fasting plasma glucose
☐ Zoster	☐ PSA	☐ Oral glucose tolerance test
☐ 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	☐ Mindful of daily movements	☐ Work activities
☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Testicular self-exam
☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	☐ Routine dental care

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: