## **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

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# **COMPREHENSIVE HEALTH ASSESSMENT FORMS**

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Comprehensive me	aitii Assessiileiii			
Under 1 Month Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Fathe	r 🗆 Other:		
Parent's Primary Language				
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable	
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born in	□ C-section  □ No □ Other:			
OB/GYN Provider: Post-Partum Appointment	ent Date:			
Cord		Present		
Chronic Problems/Sign  □ DM □ Dialysis □ Hea  □ Liver Disease □ Seizure  □ Other:	art Disease □ HEP B □	□ HEP C □ HI	V	
Current Medications/Vi	tamins:   See Medication	on List		
Interval History				
Nutrition	☐ Breastfed everyoz e Formulaoz e Formula Type or Bran	every hou	ırs	
Elimination	□ Normal □ Abnorma	al		
Has WIC	□ Yes □ No			
Sleep	□ Normal (2-4 hours)	□ Abnormal		
Sleeping Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	+ parents	
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	unexpected eath < 50 yrs	
☐ Childhood hearing impairment	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parer	nts   Other:		

Name:	DOB:	: IV	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Dyadic Behavioral / SDOH	☐ <u>SDOH</u> , ☐ <u>PEARLS</u> , ☐ H&P, ☐ Other:		
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:		
Maternal Depression Score:	☐ <u>EPDS</u> , ☐ <u>PHQ-9</u> , ☐ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:		
Growth and Developr	ment		
☐ Prone, lifts head briefly	☐ Turns head side to side	□ Responds to	o sound
☐ Moro reflex	☐ Blinks at bright light	☐ Keeps hand	s in a fist
Physical Examination	ı		WNL
General appearance	Well-nourished & develo No abuse/neglect eviden		
Head	Symmetrical, A.F. open		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	sclerae clear strabismus	
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink	k, no lesions	
Mouth / Palate	Oral mucosa pink, no cle	ft lip or palate	
Neck	Supple, no masses, thyroid not enlarged		
Chest	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	r motor deficit	
Subjective / Objective	•		

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Assessment			Anticipatory Guidance Health education preference	· · · · · · · · · · · · · · · · · · ·	•
			Diet, Nutrition & Exer	cise	
			☐ Breastfeeding / formula	□ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	□ Colic
			Accident Prevention	& Guidance	l .
			☐ Lead poisoning	☐ Rear-facing Infant	☐ Stimulation from hanging
			prevention	car seat	objects & bright colors
			☐ Call MD for fever	☐ Choking hazards	□ Family spacing
			<ul> <li>☐ Family support, social interaction &amp; communication</li> </ul>	□ Never shake baby	☐ Physical growth
			☐ Signs of maternal depression	☐ Matches / burns	□ Stools
			□ Post-Partum Checkup	<ul><li>□ Violence prevention, gun safety</li></ul>	□ Sneezing
			<ul><li>☐ Hot liquid away from baby</li></ul>	<ul><li>□ Poison control phone number</li></ul>	☐ Hiccups
			☐ Effects of passive smoking	☐ Smoke detector	□ Bathing
			☐ Skin cancer prevention	☐ Hot water temp < 120° F	□ Circumcision care
Plan			☐ Sleeping position	☐ Drowning / tub safety	□ Cord care
			Next Appointment		
			☐ At 2 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	□ Vaccines entered in CAII (manufacturer, lot #, VIS publication dates, etc.)
			MA / Nurse Signature	Title	Date
			Provider Signature	Title	Date
Referrals			N ( ( ) ) ( )		
□ <u>WIC</u>	□ Audiologist	□ Optometrist /	Notes (include date, ti		•
	·	Ophthalmologist	☐ Member/parent refused the	he following screening/orde	ers:
☐ Maternal Behavioral Health	□ Regional Center	☐ Early Start or Local Education Agency			
☐ CA Children's Services (CCS)	□ Other:				
Orders					
☐ Hep B vaccine	☐ Newborn metabolic screen	☐ Obtain newborn hospital records & hearing screen results			
☐ Hep B Panel (if at risk)	□ Other:	roduito			

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1 to 2 Months Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Fema			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary	- Would			
Language	□ Yes □ No	□ Refused		
Interpreter Requested	Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	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., cult preference/restrictions, and h			es, dietary markable	
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  OB/GYN Provider:				
Post-Partum Appointme Chronic Problems/Sign		None □ See Pr	oblem List	
□ DM □ Dialysis □ He	art Disease 🗆 HEP B 🛭	□ HEP C □ H	IV	
☐ Liver Disease ☐ Seizure☐ Other:	s □ Uses DME □ ≥ 2	! ER visits in 12 m	nonths	
Current Medications/Vi	tamins:   See Medication	on List		
Interval History				
interval mistory	☐ Breastfed every	hours		
Feedings	□ Formulaoz e	every hou	ırs	
Elimination	Formula Type or Bran  □ Normal □ Abnorma			
Has WIC	□ Yes □ No	-		
Sleep	□ Normal □ Abnorm	al		
Sleep Position	□ Supine □ Prone	□ Side		
Vaccines Up to Date	□ Yes □ No	□ See CAIR		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with	☐ Born to HB\	/+ parents	
☐ High cholesterol	someone HBV+	☐ Family Hx of	funexpected	
□ Other:		or sudden d	eath < 50 yrs	
Dyadic Behavioral / Social	<ul><li>☐ WNL - Stable relationsh</li><li>☐ Changes in family since</li></ul>	•		
Determinants of	☐ Problems with housing,	, ,		
Health (SDOH)	☐ Family stressors (menta	al illness, drugs, vi	olence/abuse)	
Lives with	□ 1 Parent □ 2 Parer	otc 🗆 Othor		

Name:	DOB:	N	IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Maternal Depression Score:	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:			
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:			
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:			
Growth and Developr				
□ Prone, lifts head 45°	□ Vocalizes (cooing)	☐ Grasps rattle	e	
□ Kicks	□ Follows past midline	☐ Smiles responsible (social)	onsively	
Physical Examination	1	,	WNL	
General appearance	Well-nourished & developed No abuse/neglect eviden			
Head	Symmetrical, A.F. open _			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus		
Ears	Canals clear, TMs norma Appears to hear	il		
Nose	Passages clear, MM pink	k, no lesions		
Mouth / Pharynx	Oral mucosa pink, no les	Oral mucosa pink, no lesions		
Neck	Supple, no masses, thyroid not enlarged			
Chest	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver & s	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal exteri	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Femoral pulses	Present and equal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	Clear, no significant lesions		
Neurologic	Alert, no gross sensory of	r motor deficit		
Subjective / Objective	9			

Assessment			Health education preference		-
			Diet, Nutrition & Exerc		
			☐ Breastfeeding / formula	☐ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	☐ Signs of hunger
			Accident Prevention 8	& Guidance	
			☐ <u>Lead poisoning</u> prevention	☐ Rear-facing Infant car seat	□ Childcare plan
			☐ Call MD for fever	☐ Choking hazards	□ Crying
			☐ Hot liquid burns	□ Never shake baby	□ Family spacing
			☐ Signs of maternal depression	☐ Matches / burns	☐ Sibling and family relationships
			<ul> <li>□ Family support, social interaction &amp; communication</li> </ul>	☐ Violence prevention, gun safety	☐ Physical growth
			☐ Diaper rash	☐ Poison control phone number	□ Bathing
Plan			☐ Skin cancer prevention	☐ Smoke detector	☐ Sleeping position
			□ Crying	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / tub safety	☐ Thumb sucking
			Next Appointment		
			☐ At 4 Months Old	□ RTC PRN	□ Other:
			De comentation Demi	- dava	
			Documentation Remin		= Various standin OAID
			☐ Screening tools (TB, HEP B, Maternal Depression, 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
Referrals					
□ <u>WIC</u>	□ Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
☐ Maternal Behavioral Health	□ Optometrist / Ophthalmologist	□ Pulmonologist			
□ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency	Notes (include date, tir	<u> </u>	,
□ Other:			☐ Member/parent refused th	ne following screening/orde	ors:
Orders					
□ DTaP	□ IPV	☐ CBC / Basic metabolic panel			
☐ Hep B vaccine	□ PCV	□ Hct / Hgb			
□ Hib	□ Rotavirus	□ ECG □ COVID 19 test			
☐ Hep B Panel (if at risk)	□ Other:				
					1 to 2 Months Old - Page 2 of 2

Name:

**Comprehensive Health Assessment** 

DOB:

3 to 4 Months Old	Actual Age:	Date:			
Sex at Birth	□ Male □ Fema				
Accompanied by	□ Mother □ Father □ Other:				
Parent's Primary	2				
Language	□ Yes □ No	□ Refused			
Interpreter Requested	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., cult preference/restrictions, and h	ural background/traditions,				
Delivery:   Vaginal Complications:   Yes Country of Birth:   US	Birth Weight: Birth Length: Gestational Age: Delivery: □ Vaginal □ C-section Complications: □ Yes □ No Country of Birth: □ US □ Other:				
At least 1 parent born i	n Africa, Asia, Pacific □ Vaginal	Islands: □ Yes □ No			
Delivery	Complications	□ Yes □ No			
Chronic Problems/Sign  □ DM □ Dialysis □ Hea  □ Liver Disease □ Seizure  □ Other:	art Disease □ HEP B □ s □ Uses DME □ ≥ 2	□ HEP C □ HIV ER visits in 12 months			
Current Medications/Vi	tamins:   See Medication	n List			
Interval History					
Feedings	☐ Breastfed everyoz € Formulaoz € Formula Type or Bran				
Elimination	□ Normal □ Abnorma				
Has WIC	□ Yes □ No				
Sleep	□ Normal □ Abnorma	al			
Sleep Position	□ Supine □ Prone	□ Side			
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>			
Family History	□ Unremarkable	□ Diabetes			
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents			
☐ High cholesterol	□ Cancer	☐ Family Hx of unexpected			
□ Anemia	□ Other:	or sudden death < 50 yrs			
Dyadic Behavioral / Social Determinants of Health (SDOH)	☐ Changes in family since☐ Problems with housing,☐ Family stressors (menta	al illness, drugs, violence/abuse)			
Lives with	□ 1 Parent □ 2 Parer	nts   Other:			

Name:	DOB	: IV	IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
Anemia	□ H&P, □ Other:			
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:			
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:			
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:			
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:			
Tuberculosis Exposure	☐ TB Risk Screener,☐ Other:			
Growth and Developm	nent			
☐ Head steady when sitting	□ Squeals or coos	□ Orients to vo	pices	
☐ Eyes follow 180°	□ Rolls form stomach to back	□ Brings hand	s together	
☐ Grasps rattle	□ Gums objects	☐ Laughs alou	d	
Physical Examination	Physical Examination WNL			
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	Symmetrical, A.F. open	cm		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see			
Ears	Canals clear, TMs norma Appears to hear	al		
Nose	Passages clear, MM pink	k, no lesions		
Mouth / Pharynx	Oral mucosa pink, no les	ions		
Neck	Supple, no masses, thyroid not enlarged			
Chest	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal exter	nal appearance		
Hips	Good abduction, leg leng	ths equal		
Femoral pulses	Present and equal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	ons		
Neurologic	Alert, no gross sensory or motor deficit □			

Comprehensive He	alth Assessmer	nt	Name:	DOB	: MR#:
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			Diet, Nutrition & Exercise		
			☐ Breastfeeding / formula	□ No cow's milk	☐ No honey until 1 year old
			☐ Feeding position	□ No bottle in bed	☐ Signs of hunger
			Accident Prevention	& Guidance	,
			☐ <u>Lead poisoning</u> prevention	☐ Rear facing infant car seat	☐ Childcare plan
			☐ Signs of maternal depression	□ Choking hazards	□ Rolling
Assessment			☐ Family support, social interaction & communication	☐ Storage of drugs / toxic chemicals	☐ Family spacing
			☐ Effects of passive smoking	☐ Matches / burns	☐ Sibling and family relationships
			☐ Skin cancer prevention	☐ Violence prevention, gun safety	☐ Physical growth
			☐ Sleeping position	☐ Poison control phone number	☐ Reaching for objects
			□ No bottle in bed	☐ Smoke detector	□ Bathing
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Minor illness care	☐ Drowning / pool fence	□ Teething
			Next Appointment		
Plan			☐ At 6 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, 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
Referrals					
□ <u>WIC</u>	☐ Dietician / Nutritionist	□ Audiologist	Provider Signature	Title	Date
☐ Maternal Behavioral Health	☐ Optometrist / Ophthalmologist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency			
□ Other:		J,	Notes (include date, tir	me, signature, and titl	e on all entries)
Orders			☐ Member/parent refused the	ne following screening/orde	ers:
□ COVID 19 vaccine	□ Influenza vaccine	□ CBC / Basic metabolic			
□ DTaP	□ IPV	panel □ Hct / Hgb			
☐ Hep B vaccine (if not up to date)	□ PCV	□ PPD skin test			
□ Hib	□ Rotavirus	☐ QFT☐ ECG☐ COVID 19 test			
□ DTaP	□ IPV	☐ Iron-fortified formula ☐ Iron supplements			
□ Other:		spp			
					3 to 4 Months Old - Page 2 of

combiencisive ne	aitii Assessiiieiit		
5 to 6 Months Old	Actual Age: Date:		
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary Language			
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused :	
Intake	(See WHO Growth Chart)	Vital S	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., cult preference/restrictions, and h			es, dietary markable
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/Sign  □ DM □ Dialysis □ He: □ Liver Disease □ Seizure □ Other:	art Disease □ HEP B □	□ HEP C □ H	IV
Current Medications/Vi	tamins:   See Medication	n List	
Interval History			
Feedings	☐ Breastfed every ☐ Formulaoz € Formula Type or Bran	every hou	urs
Elimination	□ Normal □ Abnormal		
Has WIC	□ Yes □ No		
Sleep	□ Normal □ Abnorma	al	
Sleep Position	□ Supine □ Prone	□ Side	
Fluoride Use	Drinks fluoridated water or	takes suppleme	nts: □Yes □No
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s □ No
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs
□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t
Lives with	□ 1 Parent □ 2 Parer	nts   Other:	

Name:	DOB:	. M	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood	□ <u>PEARLS</u> ,		
Experiences	□ Other:	<u> </u>	В.
Blood Lead Education (Start at 6 months)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Maternal Depression	□ <u>EPDS</u> , □ <u>PHQ-9</u> , □ Other:		
Tobacco Use /	□ SHA,		
Exposure	□ Other:		_
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developn	nent		
☐ No head lag when pulled to sitting	☐ Sits briefly alone	□ Orients to be	ell
☐ Bears weight on legs	□ Rolls both ways	□ Bangs small surface	objects on
□ Reaches for objects	☐ Gums objects	□ Babbles	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open _	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	ıl	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	Present, grossly normal, No visible cavities		
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, Thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, test	tes in scrotum	
Female	No lesions, normal extern	nal appearance	
Hips	Good abduction, leg leng	ths equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		

Clear, no significant lesions

Alert, no gross sensory or motor deficit

Skin

Neurologic

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective	е		Anticipatory Guidance Health education preference		
			Diet, Nutrition & Exer	cise	
			☐ Introduction to solids	☐ Fortified Infant Cereals	☐ Start solid foods one at a time
			☐ Breastfeeding / formula	□ No cow's milk	□ Start feeder cup
			<b>Accident Prevention</b>	& Guidance	
			☐ Lead poisoning prevention	□ Rear facing infant car seat	□ Electrical outlet covers
Accessment			□ Routine dental care	☐ Choking hazards	□ Blocks
Assessment			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	□ Repetitive games
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Caution with strangers	☐ Poison control phone number	□ Bathing
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
			☐ Signs of maternal depression	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 9 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	nders	
			☐ Screening tools (TB, HEP B, Maternal Depression, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)
Referrals			MA / Nurse	Title	Date
□ WIC	□ Optometrist /	□ Audiologist	Signature	Title	Date
	Ophthalmologist				
☐ Maternal Behavioral Health	<ul><li>□ Dietician / Nutritionist</li></ul>	☐ Pulmonologist	Provider Signature	Title	Date
□ Dentist	☐ Regional Center	<ul> <li>□ Early Start or Local</li> <li>Education Agency</li> </ul>			
☐ CA Children's Services (CCS)	□ Other:				
Orders					
□ COVID 19 vaccine	□ IPV	□ CBC / Basic metabolic panel	Notes (include date, ti  ☐ Member/parent refused ti		,
□ DTaP	□ PCV	□ Hct / Hgb	□ Member/parent relused t	ne lollowing screening/orde	
☐ Hep A vaccine (if high risk)	□ Rotavirus	□ PPD skin test			
☐ Hep B vaccine	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis			
□ Hib	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ ECG □ COVID 19 test			
□ Influenza vaccine	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					

combiencisive ne	aitii Assessiiieiii		
7 to 9 Months Old	Actual Age: Date:		
Sex at Birth	□ Male □ Female		
Accompanied by	□ Mother □ Father □ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused :	
Intake	(See WHO Growth Chart)	Vital S	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., cult preference/restrictions, and h			es, dietary markable
Birth Weight: Birth Weight: Vaginal Complications: Yes Country of Birth: US At least 1 parent born in Chronic Problems/Sign	□ C-section S □ No □ Other: n Africa, Asia, Pacific ifficant Conditions: □ I	Islands: \	Yes □ No oblem List
□ DM □ Dialysis □ He: □ Liver Disease □ Seizure □ Other:	es □ Uses DME □ ≥ 2	ER visits in 12 m	
Current Medications/Vi	tamins: □ See Medicatio	n List	
Interval History			
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Feedings	□ Breastfed everyoz ∈ □ Formulaoz ∈ Formula Type or Bran	every hou	urs
Elimination	□ Normal □ Abnormal		
Has WIC	□ Yes □ No		
Sleep	□ Normal □ Abnorma	al	
Sleep Position	☐ Supine ☐ Prone	□ Side	
Fluoride Use	Drinks fluoridated water or	takes suppleme	nts: □Yes □No
Fluoride Varnish	Applied to teeth within last	6 months: □ Ye	s □ No
Vaccines Up to Date	□ Yes □ No □ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Born to HBV	/+ parents
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected leath < 50 yrs
□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death)
Lives with	□ 1 Parent □ 2 Parer	nts   Other:	

Name:	DOB:	: IV	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Blood Lead Education (At each Well Visit)	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 9 months) Score:	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ Other:		
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:		
Hepatitis B	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Tobacco Use / Exposure	□ SHA, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developn			
☐ Sits without support	☐ Transfers object hand to hand	□ Looks for to	y dropped
☐ Begins to crawl	□ Rolls over	□ Says "mama	a" or "dada"
☐ Pulls to stand	□ Feeds self, cracker	□ Scribbles	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. open _	cm	
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	il	
Nose	Passages clear, MM pink	x, no lesions	
Teeth	Present, grossly normal, No visible cavities		
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes		
Female	No lesions, normal exteri	nal appearance	
Hips	Good abduction		
Femoral pulses  Extremities	Normal  No deformities, full ROM		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory o		
-			

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective	е		Anticipatory Guidano Health education preference	•	•
			Diet, Nutrition & Exer	cise	
			☐ Introduction to meats & proteins	☐ Fortified Infant Cereals	☐ Mashed table food
			☐ Whole grains / iron-rich foods	☐ Finger foods	☐ Start feeder cup
			☐ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			<b>Accident Prevention</b>	& Guidance	
			☐ <u>Lead poisoning</u> prevention	□ Rear facing infant car seat	□ Electrical outlet covers
Assessment			☐ Routine dental care	☐ Choking hazards	☐ Allow to feed self
			☐ Brush teeth with fluoride toothpaste	☐ Storage of drugs / toxic chemicals	☐ Understands "no" but not discipline
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Play with cloth book
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	□ Physical growth
			☐ Childcare plan	☐ Poison control phone number	□ Decreased appetite
			☐ Skin cancer prevention	☐ Smoke detector	□ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Teething
			Next Appointment		
			☐ At 12 Months Old	□ RTC PRN	□ Other:
			Documentation Remi	ndere	
			□ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIF
			HEP B, Developmental	Head Circumference	(manufacturer, lot #, VIS
Referrals			D/O, etc.) are completed, dated, &	measurements plotted in WHO	publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	reviewed by provider	growth chart	
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	MA / Nurse		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	Signature	Title	Date
□ Other:		Education Agency			
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	□ CBC / Basic metabolic panel			
□ DTaP (if not up to date)	□ MMR (if high risk)	□ Hct / Hgb			
☐ Hep A vaccine (if high risk)	□ PCV (if not up to date)	☐ Lipid panel (if high risk)	Notes (include date, ti	me, signature, and titl	e on all entries)
☐ Hep B vaccine	□ Rotavirus	□ PPD skin test	☐ Member/parent refused t		,
☐ Hib (if not up to date)	☐ Hep B Panel (if	□ QFT	- Wember/parent relused t	ne lonowing sereeting/orde	
- This (in thot up to date)	high risk)	☐ Urinalysis			
☐ Influenza vaccine	□ Rx Fluoride drops /	□ ECG			
	chewable tabs (0.25 mg QD)	□ COVID 19 test			
□ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula			
□ Other:					

12 to 15 Months Old	Actual Age:	Date:		
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary				
Language Interpreter	□ Yes □ No	□ Refused		
Requested	Name of Interpreter			
Intake	(See WHO Growth Chart)	Vital S	Signs	
Head Circumference		Temp		
Length		Pulse		
Weight		Resp		
Allergies / Reaction				
Pain	Location: Scale: 0 1 2 3			
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions, nealthcare beliefs):		es, dietary markable	
Birth Weight: Bi Delivery: □ Vaginal Complications: □ Yes Country of Birth: □ US At least 1 parent born in	□ C-section s □ No □ Other:	estational Age		
Chronic Problems/Sign				
□ DM □ Dialysis □ Hea	art Disease □ HEP B □	□ HEP C □ HI	IV	
☐ Liver Disease ☐ Seizure☐ Other:	s □ Uses DME □ <u>&gt;</u> 2	ER visits in 12 m	nonths	
Current Medications/Vitamins: □ See Medication List				
Interval History				
Interval History  Dental Home	Dental visit within past 12 Drinks fluoridated water or Fluoride varnish applied in	takes suppleme	nts: □Yes □No	
<u> </u>	Drinks fluoridated water or	takes supplemental last 6 months:	nts: □Yes □No □Yes □ No	
Dental Home	Drinks fluoridated water or Fluoride varnish applied in	takes supplemental last 6 months:  foods  Other:	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition	Drinks fluoridated water or Fluoride varnish applied in   ☐ Regular ☐ Iron-rich	takes supplemental last 6 months:  foods  Other:	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination	Drinks fluoridated water or Fluoride varnish applied in  □ Regular □ Iron-rich  □ Normal □ Abnorm	takes supplement last 6 months:  foods  Other:	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination  Has WIC	Drinks fluoridated water or Fluoride varnish applied in Regular	takes supplement last 6 months:  foods  Other:	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity	Drinks fluoridated water or Fluoride varnish applied in Regular	takes supplemental last 6 months:  foods  Other:	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep	Drinks fluoridated water or Fluoride varnish applied in Regular	takes supplemental last 6 months:  foods  Other:  al	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep re   Yes   No	takes supplement last 6 months:  foods  Other:  al  egression  Night	nts: □Yes □No □Yes □ No	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date  Family History	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep re   Yes   No   Unremarkable   Lives/lived with	takes supplement last 6 months:  foods    Other:  al  egression    Night    See CAIR     Diabetes     Born to HBV	nts: □Yes □No □Yes □ No  nttime fears	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date  Family History  Heart disease / HTN	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep received   Yes   No   Unremarkable   Lives/lived with someone HBV+	takes supplement last 6 months:  foods    Other:  al  egression    Night    See CAIR     Diabetes     Born to HBV	nts: □Yes □No □Yes □ No  nttime fears  /+ parents  f unexpected	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date  Family History  Heart disease / HTN  High cholesterol  Anemia  Dyadic Behavioral /	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep re   Yes   No   Unremarkable   Lives/lived with someone HBV+   Cancer   Other:   WNL - Stable relationships	takes supplement last 6 months:  foods    Other: al  egression    Night    See CAIR Diabetes Born to HBV Family Hx of or sudden denips w/ social/emotes	nts: □Yes □No □Yes □ No  nttime fears  /+ parents  f unexpected eath < 50 yrs  tional support	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date  Family History  Heart disease / HTN  High cholesterol  Anemia  Dyadic Behavioral / Social	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep re   Yes   No   Unremarkable   Lives/lived with someone HBV+   Cancer   Other:   WNL - Stable relationsh   Changes in family since	takes supplement last 6 months:  foods    Other:  al  egression    Night    See CAIR     Diabetes    Born to HBV     Family Hx of or sudden declarations will social/emote the last visit (move, juitable last vis	nts: □Yes □No  □Yes □ No  nttime fears  /+ parents  f unexpected eath < 50 yrs  tional support ob, death)	
Dental Home  Diet / Nutrition  Elimination  Has WIC  Physical Activity  Sleep  Vaccines Up to Date  Family History  Heart disease / HTN  High cholesterol  Anemia  Dyadic Behavioral /	Drinks fluoridated water or Fluoride varnish applied in Regular   Iron-rich   Normal   Abnorm   Yes   No   Inactive (little or none)   Some (< 30 min/day)   Active (> 30 min/day)   Regular   Sleep re   Yes   No   Unremarkable   Lives/lived with someone HBV+   Cancer   Other:   WNL - Stable relationships	takes supplement last 6 months:  foods    Other: al  egression    Night    See CAIR    Diabetes    Born to HBV    Family Hx of or sudden delast visit (move, juffood, employment)	nts: □Yes □No  □Yes □ No  nttime fears  /+ parents  f unexpected eath < 50 yrs  tional support ob, death) t	

Name:	ne: DOB: M		IR#:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:			
Anemia	□ H&P, □ Other:			
Blood Lead Test Test at 12 months and Educate at each well visit	□ <u>Lead Assessment</u> , □ H&P, □ Other:			
Dental (cavities, no dental home)	□ H&P, □ Other:			
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:			
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:			
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:			
Tuberculosis	☐ TB Risk Assessment,	_	_	
Exposure	□ Other:			
Growth and Developr	nent			
□ Walks alone well	☐ Three-word vocabulary	□ Stacks two-	olock tower	
☐ Stoops and recovers	□ Plays pat-a-cake	☐ Says "mama	a" or "dada"	
☐ Takes lids off containers	□ Feeds self	□ Scribbles		
Physical Examination	ı		WNL	
General appearance	Well-nourished & develo			
Head	Symmetrical, A.F. open	cm		
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see			
Ears	Canals clear, TMs norma Appears to hear	il		
Nose	Passages clear, MM pink	k, no lesions		
Teeth	No visible cavities, gross	ly normal		
Mouth / Pharynx	Oral mucosa pink, no les	ions		
Neck	Supple, no masses, thyroid not enlarged			
Chest / Breast	Symmetrical, no masses			
Heart	No organic murmurs, reg	ular rhythm		
Lungs	Clear to auscultation bila	terally		
Abdomen	Soft, no masses, liver &	spleen normal		
Genitalia	Grossly normal			
Male	Circ / uncircumcised, tes	tes in scrotum		
Female	No lesions, normal exter	nal appearance		
Hips	Good abduction			
Femoral pulses	Normal			
Extremities	No deformities, full ROM			
Skin	Clear, no significant lesion	ons		
Neurologic	Alert, no gross sensory of	r motor deficit		

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective	е		Anticipatory Guidance Health education preference	, ,	•
			Diet, Nutrition & Exer	cise	
			☐ Relaxed atmosphere / Avoid rushing while eating	□ Vegetables, fruits	☐ Table food
			☐ Whole grains / iron-rich foods	□ Encourage solids	□ Using cup
			□ Physical activity / exercise	☐ Healthy food choices	□ No bottles in bed
			<b>Accident Prevention</b>	& Guidance	
Assessment			☐ <u>Lead poisoning</u> <u>prevention</u>	☐ Rear facing toddler car seat	□ Feeding self
			□ Routine dental care	☐ Choking hazards	☐ Simple games
			☐ Brush teeth with fluoride toothpaste	□ Storage of drugs / toxic chemicals	□ Temper tantrum
			☐ Fluoride varnish treatment	☐ Matches / burns	□ Family play
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Mindful of daily movements
			☐ Caution with strangers	☐ Poison control phone number	☐ Treatment of minor cuts
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
Plan			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
			Next Appointment		
			□ In 3 Months	□ RTC PRN	□ Other:
			Documentation Remi	nders	
Referrals			☐ Screening tools (TB, HEP B, etc.) are completed, dated, &	☐ Length, Weight & Head Circumference measurements	□ Vaccines entered in CAIF (manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	<ul><li>□ Optometrist / Ophthalmologist</li></ul>	☐ Audiologist	reviewed by provider	plotted in WHO growth chart	
□ Dentist	<ul><li>□ Dietician / Nutritionist</li></ul>	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel	9		
□ DTaP	□ MMR	☐ Hct / Hgb (at 12 months)			
☐ Hep A vaccine	□ PCV	□ Lipid panel (if high risk)			
☐ Hep B vaccine	□ Varicella	□ PPD skin test □ QFT	Notes (include date, ti		,
□ Hib	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis	☐ Member/parent refused to	ne tollowing screening/orde	ers:
☐ Influenza vaccine	☐ Blood Lead (at 12 months)	□ ECG □ COVID 19 test			
□ IPV	Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ COVID 19 test ☐ Fluoride varnish application			
□ Other:	(* 2 mg ==)				

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16 to 23 Months Old	Actual Age: Date:			
Sex at Birth	□ Male □ Female			
Accompanied by	□ Mother □ Father □ Other:			
Parent's Primary Language				
Interpreter Requested	<ul><li>☐ Yes</li><li>☐ No</li><li>Name of Interpreter</li></ul>	□ Refused :		
Intake	(See WHO Growth Chart)	Vital S	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., cult preference/restrictions, and h			es, dietary markable	
Birth Weight: Birth Weight: Vaginal Complications: Yes Country of Birth: US	□ C-section s □ No □ Other:	estational Age		
Chronic Problems/Sign	ificant Conditions: 🗆 t	None □ See Pro		
□ DM □ Dialysis □ Hea □ Liver Disease □ Seizure	art Disease □ HEPB □		· -	
☐ Other:	S □ 0565 DIVIL □ <u>-</u> 2	ER VISILS III 12 II	1011015	
Current Medications/Vi	tamins:   See Medication	on 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 □ Abnorm	al		
Has WIC	□ Yes □ No			
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)			
Sleep	□ Regular □ Sleep reg	ression   Night	ttime fears	
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>		
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	□ Family Hx of or sudden d	f unexpected eath < 50 yrs	
□ Anemia	□ Other:			
Dyadic Behavioral /				
	☐ WNL - Stable relationsh	•		
Social Determinants of	<ul> <li>□ WNL - Stable relationsh</li> <li>□ Changes in family since</li> <li>□ Problems with housing,</li> </ul>	e last visit (move, jo	ob, death)	
Social	☐ Changes in family since	e last visit (move, jo , food, employment	ob, death) t	

Name: DOE	B: MR#:
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Name:	DOR:	IV	IK#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	□ H&P, □ Other:		
Autism Disorder (At 18 months) Score:	□ <u>SWYC</u> , □ <u>M-CHAT</u> , □ Other:		
Blood Lead Education (At each Well Visit)	<ul><li>□ Lead Assessment,</li><li>□ H&amp;P, □ Other:</li></ul>		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Developmental Disorder (At 18 months) Score:	□ ASQ-3, □ SWYC, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Growth and Developn	nent		
☐ Walks alone fast	☐ 7 to 20-word vocabulary	□ Stacks three	-block tower
□ Climbs	□ Names 5 body parts	□ Says "mama" or "dada	
☐ Kicks a ball	<ul> <li>Indicates wants by pointing and pulling</li> </ul>	☐ Sips from cup, a little spillage	
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect eviden		
Head	Symmetrical, A.F. opencm		
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see		
Ears	Canals clear, TMs norma Appears to hear	al	
Nose	Passages clear, MM pink, no lesions		
Teeth	No visible cavities & gros	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les	ions	
Neck	Supple, no masses, thyroid not enlarged		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	ular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver & s	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exteri		
Hips	Good abduction, leg leng	th equal	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Skin	Clear, no significant lesion		

Comprehensive He	alth Assessment		Name:	DOB	: MR#:
Neurologic	Alert, no gross sensory of	r motor deficit	Anticipatory Guidano Health education preference	· · · · · · · · · · · · · · · · · · ·	•
Subjective / Objective	•		Diet, Nutrition & Exer		
			☐ 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
			<b>Accident Prevention</b>	& Guidance	
•			☐ <u>Lead poisoning</u> <u>prevention</u>	□ Rear facing toddler car seat	□ Independence
Assessment			☐ 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
Plan			□ 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 Remi	nders	
			☐ Screening tools (TB,	□ Length, Weight &	□ Vaccines entered in CAIF
Referrals			Autism, Developmental D/O, HEP B, etc.) are	Head Circumference measurements	(manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	completed, dated, & reviewed by provider	plotted in WHO growth chart	pasioauoi: aaioo, oto.,
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist			
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
□ Other:					
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	<ul> <li>Meningococcal (if high risk)</li> </ul>	☐ CBC / Basic metabolic panel	Provider Signature	Title	Date
□ 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 (2 <sup>nd</sup> Dose)	□ PPD skin test	Notes (include date, ti	. •	,
☐ Hib (if not up to date)	□ Blood Lead	□ QFT □ CXR	☐ Member/parent refused to	he tollowing screening/orde	rs:
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ Urinalysis ☐ ECG			
☐ IPV (if not up to date)	Rx Fluoride drops / chewable tabs (0.25 mg QD)	□ COVID 19 test □ Fluoride varnish application			

□ Other:

**Comprehensive Health Assessment** 2 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language Interpreter □ Yes  $\quad \square \; No$ □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Allergies / Reaction Temp Pulse Height Weight Resp **BMI Value** BMI % Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: 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:  $\square$  None  $\square$  See Problem List □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ Liver Disease □ Seizures □ Uses DME □  $\geq$  2 ER visits in 12 months □ Other: Current Medications/Vitamins: ☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: □Yes □No Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: Appetite  $\square$  Good □ Fair □ Poor Elimination □ Normal ☐ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none) Physical Activity □ Some (< 2 ½ hrs/week)

☐ Active (> 60 min/day)

□ No

□ Yes

□ Cancer

□ Other:

□ Unremarkable

☐ Lives/lived with

someone HBV+

 $\square$  Regular  $\square$  Sleep regression  $\square$  Nighttime fears

☐ See CAIR

□ Diabetes

□ Asthma

☐ Family Hx of unexpected or sudden death < 50 yrs

Sleep Pattern

**Family History** ☐ Heart disease / HTN

☐ High cholesterol

□ Anemia

Vaccines Up to Date

Name: DOB: MR#:					
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Paren	nts   Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Anemia	□ H&P, □ Other:				
Autism Disorder	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ M-CHAT, □ Other:				
Blood Lead Test Test at 24 months and Educate at each well visit	□ Lead Assessment, □ H&P, □ Other:				
Dental (cavities, no dental home)	□ H&P, □ Other:				
Developmental Disorder Score:	☐ <u>ASQ-3</u> , ☐ <u>SWYC</u> , ☐ Other:				
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:				
Dyslipidemia	□ H&P, □ Other:				
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	□ TB Risk Assessment,				
Growth and Developn	□ Other:				
□ Runs well, walks up	☐ Identifies 5 body parts	☐ Helps aroun	d the house		
☐ Jumps off the ground with both feet	☐ Plays hide and seek	□ Stacks three	e-block tower		
□ Puts 2 or more words together	☐ Kicks and throws a ball	□ Handles spo	oon well		
□ 7 to 20-word vocabulary	☐ Name at least 1 color	□ Puts on sim	ple clothes		
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect eviden				
Head	Symmetrical, A.F. closed	ļ			
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see				
Ears	Canals clear, TMs norma Appears to hear	al			
Nose	Passages clear, MM pink	k, no lesions			
Teeth	No visible cavities, gross	ly normal			
Mouth / Pharynx	Oral mucosa pink, no les	ions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses				
Heart	No organic murmurs, reg	ular rhythm			
Lungs	Clear to auscultation bila	-			
Ahdomen	Soft no masses liver &	enlaan normal			

Namo:

Genitalia	Health Assessmen Grossly normal		_
	-		
Male	Circ / uncircumcised, tes		_
Female	No lesions, normal exter	nal appearance	
Hips	Good abduction		
Femoral pulses	Normal		
Extremities	No deformities, full ROM	<u> </u>	
Lymph nodes	Not enlarged	Е	
Back	No scoliosis	С	
Skin	Clear, no significant lesi	ons	
Neurologic	Alert, no gross sensory	or motor deficit	
Subjective / Object	ive		
Assessment			
Plan			
· · <del>···</del>			
Referrals			
	□ Optometrist / Ophthalmologist	□ Audiologist	
□ <u>WIC</u>	□ Optometrist / Ophthalmologist □ Dietician / Nutritionist	☐ Audiologist ☐ Pulmonologist	
□ WIC □ Dentist □ CA Children's Services	Ophthalmologist  □ Dietician / Nutritionist	☐ Pulmonologist ☐ Early Start or Local	
□ WIC □ Dentist □ CA Children's Services (CCS)	Ophthalmologist  □ Dietician / Nutritionist	□ Pulmonologist	
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:	Ophthalmologist  □ Dietician / Nutritionist	☐ Pulmonologist ☐ Early Start or Local	
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center	☐ Pulmonologist ☐ Early Start or Local Education Agency	Mic
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders	Ophthalmologist  □ Dietician / Nutritionist	☐ Pulmonologist ☐ Early Start or Local	olic
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabo	
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  ) □ MMR (if not up to date)	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabo panel	k)
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  ) □ MMR (if not up to date)  □ PPSV (if high risk)	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabo panel □ Hct / Hgb (if high rist) □ Lipid panel (if high ri	k)
□ Dentist □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if not up to date) □ Hep B vaccine (if not up to date)	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  □ MMR (if not up to date)  □ PPSV (if high risk)  □ Varicella (2nd Dose)  □ Blood Lead (at 2	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabo panel □ Hct / Hgb (if high risl □ Lipid panel (if high ri	k)
□ WIC  □ Dentist  □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if not up to date) □ Hep B vaccine (if not up to date) □ Heb B vaccine (if not up to date) □ Hib (if not up to date)	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  ) □ MMR (if not up to date)  p □ PPSV (if high risk)  p □ Varicella (2nd Dose)  □ Blood Lead (at 2 yrs old)	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabor panel □ Hct / Hgb (if high rist) □ Lipid panel (if high rist) □ PPD skin test □ QFT □ CXR □ Urinalysis	k)
□ WIC □ Dentist □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if not up to date) □ Hep B vaccine (if not up to date)	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  □ MMR (if not up to date)  □ PPSV (if high risk)  □ Varicella (2nd Dose)  □ Blood Lead (at 2	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabor panel □ Hct / Hgb (if high rist) □ Lipid panel (if high rist) □ PPD skin test □ QFT □ CXR □ Urinalysis □ ECG	k)
□ WIC  □ Dentist  □ CA Children's Services (CCS) □ Other:  Orders □ COVID 19 vaccine □ DTaP (if not up to date) □ Hep A vaccine (if not up to date) □ Hep B vaccine (if not up to date) □ Heb B vaccine (if not up to date) □ Hib (if not up to date)	Ophthalmologist  □ Dietician / Nutritionist  □ Regional Center  □ Meningococcal (if high risk)  ) □ MMR (if not up to date)  p □ PPSV (if high risk)  p □ Varicella (2nd Dose)  □ Blood Lead (at 2 yrs old)  □ Hep B Panel (if	□ Pulmonologist □ Early Start or Local Education Agency □ CBC / Basic metabor panel □ Hct / Hgb (if high rist) □ Lipid panel (if high rist) □ PPD skin test □ QFT □ CXR □ Urinalysis	k)

 $\square$  Other:

	DOB:	MR#:
Anticipatory Guidano	` '	•
Health education preference		ıltimedia □ Other:
Diet, Nutrition & Exer		
☐ Weight control / obesity	□ Vegetables, fruits	☐ Caloric balance
☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
<ul><li>☐ Physical activity / exercise</li></ul>	□ Regular balanced meal with snacks	□ No bottles
<b>Accident Prevention</b>	& Guidance	
□ <u>Lead poisoning</u> prevention	☐ Seat belt / 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	□ Parallel peer play
☐ Skin cancer prevention	□ Smoke detector	□ Limit screen time
□ Falls	☐ Hot water temp	□ Bedtime
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training
Next Appointment	101100	
☐ At 30 Months Old	□ RTC PRN	□ Other:
Documentation Remi	dava	
		- V : 4 I: 0AID
☐ Screening tools (TB, Autism, Developmental D/O, 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	T:41.	Dete
Signature	Title	Date
	i itie	Date
	Title	Date
Signature		
Signature		
Signature		
Signature  Provider Signature	Title	Date
Signature	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)
Provider Signature  Notes (include date, til	Title me, signature, and title	Date e on all entries)

**Comprehensive Health Assessment** 30 Months Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language Interpreter □ Yes  $\quad \square \; No$  $\square$  Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Allergies / Reaction Temp Pulse Height Weight Resp **BMI Value** BMI % Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: 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:  $\square$  None  $\square$  See Problem List  $\hfill \square$  DM  $\hfill \square$  Dialysis  $\hfill \square$  Heart Disease  $\hfill \square$  HEP B  $\hfill \square$  HEP C  $\hfill \square$  HIV □ Liver Disease □ Seizures □ Uses DME □  $\geq$  2 ER visits in 12 months □ Other: Current Medications/Vitamins: ☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: □Yes □No Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: Appetite □ Good □ Fair □ Poor Elimination □ Normal □ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none) Physical Activity ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day) Sleep Pattern □ Regular □ Sleep regression □ Night time fears

Vaccines Up to Date

**Family History** ☐ Heart disease / HTN

☐ High cholesterol

□ Anemia

□ Yes

□ Cancer

□ Other:

□ Unremarkable

☐ Lives/lived with

someone HBV+

□ No

☐ See CAIR

□ Diabetes

□ Asthma

☐ Family Hx of unexpected or sudden death < 50 yrs

Name:	DOB: MR#:				
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support     □ Changes in family since last visit (move, job, death)     □ Problems with housing, food, employment     □ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Parer	nts   Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Anemia	☐ H&P, ☐ Other:				
Blood Lead Education (At each Well Visit)	□ <u>Lead Assessment</u> , □ H&P, □ Other:				
Dental (cavities, no dental home)	□ H&P, □ Other:				
Developmental Disorder Score:	□ <u>ASQ-3</u> , □ <u>SWYC</u> , □ Other:				
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:				
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:				
Growth and Developn	nent				
☐ Balances on each foot, 1 second	□ Eats independently	☐ Helps in dre	ssing		
☐ Uses 3-word sentences	☐ Goes up stairs ☐ Draws a single circle alternating feet				
☐ Plays with other children	☐ Knows age, sex, ☐ Cuts with scissors first, & last name				
Physical Examination			WNL		
General appearance	Well-nourished & developed No abuse/neglect eviden				
Head	Symmetrical, A.F. closed				
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see				
Ears	Canals clear, TMs norma Appears to hear	ıl 			
Nose	Passages clear, MM pink	x, no lesions			
Teeth	No visible cavities, gross	ly normal			
Mouth / Pharynx	Oral mucosa pink, no les	ions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses				
Heart	No organic murmurs, reg	ular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver & s	spleen normal			
Genitalia	Grossly normal				
Male	Circ / uncircumcised, tes	tes in scrotum			
Female	No lesions, normal extern	nal appearance			
Hips	Good abduction				

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Femoral pulses	Normal		Anticipatory Guidano Health education preference		
Extremities	No deformities, full ROM		Diet, Nutrition & Exer		
Skin	Clear, no significant lesion	ons 🗆	☐ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Neurologic	Alert, no gross sensory of	or motor deficit	☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Subjective / Objective	e		□ Physical activity /	☐ Regular balanced meal with snacks	□ No bottles
			exercise  Accident Prevention		<u> </u>
			☐ <u>Lead poisoning</u> prevention	☐ Seat belt /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
Assessment			☐ Fluoride varnish treatment	□ Matches / burns	☐ Reading together / school readiness
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
			☐ Caution with strangers	☐ Poison control phone number	□ Plays with other children
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
Plan			☐ Effects of passive smoking	☐ Drowning / pool fence	□ Toileting habits
			Next Appointment		
			☐ At 3 Years Old	□ RTC PRN	□ Other:
				•	1
			Documentation Remi	nders	
Referrals			☐ Screening tools (TB, Developmental D/O, HEP B, etc.) are	☐ Height / Weight / BMI measurements plotted in CDC	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	□ Audiologist	completed, dated, & reviewed by provider	growth chart	publication dates, etc.)
□ Dentist	□ Dietician / Nutritionist	□ Pulmonologist	,,		
☐ CA Children's Services (CCS)	□ Regional Center	☐ Early Start or Local Education Agency	MA / Nurse Signature	Title	Date
☐ Other:			Orginature		
Orders			Provider Signature	Title	Date
□ COVID 19 vaccine	□ MMR	☐ CBC / Basic metabolic panel	Flovider Signature	Title	Date
□ DTaP	□ PPSV	□ 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 (2 <sup>nd</sup> Dose)	□ PPD skin test □ QFT	Notes (include date, ti	. •	,
□ IPV	☐ Blood Lead (if not	□ CXR	☐ Member/parent refused t	ne tollowing screening/orde	rs:
	in chart)	□ Urinalysis			
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
☐ Meningococcal (if high risk)	□ Rx Fluoride drops / chewable tabs	☐ Fluoride varnish application			
☐ Other:	(0.25 mg QD)				

3 Years Old	Actual Age:	Date:
Sex at Birth	□ Male □ Fema	ale
Accompanied by	□ Mother □ Fathe	er 🗆 Other:
Parent's Primary Language		
Interpreter Requested	☐ Yes ☐ No Name of Interpreter	□ Refused ::
Intake	(See CDC Growth Chart)	Vital Signs
Height		Temp
Weight		BP
BMI Value		Pulse
BMI %		Resp
Allergies / Reaction		
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10
Hearing Screening	☐ Responded at ≤ 25 d	B at
Vision Screening	OD: OS:	OU: □ Non coop
Cultural Needs (e.g., cul preference/restrictions, and		, religious practices, dietary □ Unremarkable
	Birth Length: G  C-section  Solution No	
Birth Weight: B Delivery: Vaginal Complications: Ye Country of Birth: US At least 1 parent born	Birth Length: G  C-section S □ No Other: In Africa, Asia, Pacific	□ Unremarkable estational Age: Estational - Yes □ No
Birth Weight: B Delivery: Vaginal Complications: Ye Country of Birth: US	Birth Length: G  □ C-section  s □ No  □ Other:  in Africa, Asia, Pacific nificant Conditions: □ eart Disease □ HEP B	□ Unremarkable  estational Age: □ Islands: □ Yes □ No None □ See Problem List □ HEP C □ HIV
Birth Weight: Belivery: Vaginal Complications: Ye Country of Birth: US At least 1 parent born Chronic Problems/Sigu DM Dialysis He Liver Disease Seizur	Birth Length: G  □ C-section s □ No c □ Other: in Africa, Asia, Pacific nificant Conditions: □ eart Disease □ HEP B es □ Uses DME □ ≥ 2	□ Unremarkable  estational Age: □ Yes □ No  None □ See Problem List □ HEP C □ HIV  2 ER visits in 12 months
Birth Weight: B Delivery: _ Vaginal Complications: _ Ye Country of Birth: _ US At least 1 parent born Chronic Problems/Sigi _ DM _ Dialysis _ He _ Liver Disease _ Seizur _ Other:	Birth Length: G  □ C-section s □ No c □ Other: in Africa, Asia, Pacific nificant Conditions: □ eart Disease □ HEP B es □ Uses DME □ ≥ 2	□ Unremarkable  estational Age: □ Yes □ No  None □ See Problem List □ HEP C □ HIV  2 ER visits in 12 months
Birth Weight: B Delivery: _ Vaginal Complications: _ Ye Country of Birth: _ US At least 1 parent born Chronic Problems/Sigu _ DM _ Dialysis _ He _ Liver Disease _ Seizur _ Other:  Current Medications/V	healthcare beliefs):  Birth Length: G	estational Age:  Islands:
Birth Weight: B Delivery: _ Vaginal Complications: _ Ye Country of Birth: _ US At least 1 parent born Chronic Problems/Sigi _ DM _ Dialysis _ He _ Liver Disease _ Seizur _ Other:  Current Medications/V	Birth Length: G  C-section S No Other: In Africa, Asia, Pacific Inificant Conditions: □ Beart Disease □ HEP B Bes □ Uses DME □ ≥ 2  Itamins: □ See Medication  Dental visit within past 12 Drinks fluoridated water of Fluoride varnish applied in	□ Unremarkable  estational Age:  □ Islands: □ Yes □ No  None □ See Problem List □ HEP C □ HIV □ ER visits in 12 months  on List  months: □ Yes □ No r takes supplements: □ Yes □ No
Birth Weight: B Delivery: Vaginal Complications: Ye Country of Birth: US At least 1 parent born Chronic Problems/Sig DM Dialysis He Liver Disease Seizur Other:  Current Medications/V  Interval History  Dental Home	healthcare beliefs):  Birth Length: G	□ Unremarkable  estational Age:  Elslands: □ Yes □ No  None □ See Problem List □ HEP C □ HIV ② ER visits in 12 months  on List  months: □ Yes □ No r takes supplements: □ Yes □ No n last 6 months: □ Yes □ No
Birth Weight: B Delivery: _ Vaginal Complications: _ Ye Country of Birth: _ US At least 1 parent born Chronic Problems/Sigu _ DM _ Dialysis _ He _ Liver Disease _ Seizur _ Other:  Current Medications/V  Interval History  Dental Home  Diet / Nutrition	Birth Length: G _ C-section S	estational Age:    Islands:   Yes   No   None   See Problem List   HEP C   HIV   ER visits in 12 months   On List   months:   Yes   No   r takes supplements:   Yes   No   n last 6 months:   Yes   No   n foods   Other:   Poor

□ Inactive (little or none)

□ Some (< 2 ½ hrs/week)</li>□ Active (> 60 min/day)

 $\; \square \; \mathsf{No}$ 

 $\; \square \; \mathsf{Yes}$ 

 $\hfill\Box$  Regular  $\hfill\Box$  Fatigue  $\hfill\Box$  Snoring  $\hfill\Box$  Enuresis

 $\ \square \ \text{See} \ \underline{\text{CAIR}}$ 

Physical Activity

Sleep Pattern

Vaccines Up to Date

Name:	DOB	: N	IR#:		
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:				
Dyadic Behavioral /	☐ WNL - Stable relations	•			
Social Determinants of	1	☐ Changes in family since last visit (move, job, death)			
Health (SDOH)	☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs, violence/abuse)				
Lives with	□ 1 Parent □ 2 Pare	rents   Other:			
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)		
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:				
Anemia	☐ H&P, ☐ Other:				
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:				
Dental (cavities, no dental home)	☐ H&P, ☐ Other:				
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ Other:				
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:				
Growth and Developr					
☐ Balances on each foot,  1 second	□ Eats independently	☐ Helps in dre	essing		
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a sin	gle circle		
☐ Plays with several children	☐ Knows age, sex, first, & last name	□ Cuts with so	cissors		
Physical Examination	1		WNL		
General appearance	Well-nourished & develo No abuse/neglect evider				
Head	Symmetrical, A.F. closed				
Eyes	PERRLA, conjunctivae & Red reflexes present, No				
Ears	Appears to see Canals clear, TMs norma Appears to hear	al			
Nose	Passages clear, MM pinl	k, no lesions			
Teeth	No visible cavities, gross	sly normal			
Mouth / Pharynx	Oral mucosa pink, no les	sions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses	-			
Heart	No organic murmurs, reg	gular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	spleen normal			
Genitalia	Grossly normal				

Circ / uncircumcised, tes	tes in scrotum		Anticipatory Guidano	ce (AG) / Education (	√ if discussed)
			Health education preference	e: □ Verbal □ Visual □ M	•
No lesions, normal exter	nal appearance		Diet, Nutrition & Exer		
Good abduction			☐ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Normal			☐ Whole grains / iron-rich	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice cream
No deformities, full ROM			□ Physical activity /	☐ Regular balanced	☐ School lunch program
Clear, no significant lesion	ons		exercise		
Alert, no gross sensory of	r motor deficit			<b>T</b>	
e			prevention	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 / school readiness
			☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
			☐ Caution with strangers	☐ Poison control phone number	☐ Plays with other children
			☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
			□ Falls	☐ Hot water temp < 120° F	□ Bedtime
			☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
			Next Appointment		
			☐ At 4 Years Old	□ RTC PRN	□ Other:
			Documentation Remi	ndere	
				<u> </u>	□ Vaccines entered in CAIR
			HEP B, etc.) are completed, dated, &	measurements plotted in CDC	(manufacturer, lot #, VIS publication dates, etc.)
□ Ontometrist /	□ Audiologist		reviewed by provider	growth chart	
Ophthalmologist	- Addiologist		MA / Nurse	Title	Date
□ Dietician / Nutritionist	□ Pulmonologist		Signature	Title	Duto
□ Regional Center					
	Eddodioningo	1109	Provider Signature	Title	Date
□ MMR		etabolic			
□ PPSV		gh risk)	Notes (include date, ti	me, signature, and title	e on all entries)
□ PPSV (if high risk)	□ Lipid panel (if h	nigh risk)	☐ Member/parent refused the	he following screening/orde	rs:
□ Varicella (2 <sup>nd</sup> Dose)	□ PPD skin test				
☐ Blood Lead (if not					
in chart)	☐ Urinalysis				
·	=00				
☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test				
	Normal  No deformities, full ROM  Clear, no significant lesic Alert, no gross sensory of  e  Optometrist / Ophthalmologist Dietician / Nutritionist Regional Center  MMR PPSV PPSV (if high risk) Varicella (2nd Dose)  Blood Lead (if not	Normal  No deformities, full ROM  Clear, no significant lesions  Alert, no gross sensory or motor deficit  e  Optometrist /	Normal	Normal	Weight control / obesity   Vegetables, fruits   Normal     Whole grains / iron-rich   Limit faity, sugary & salty foods   Physical activity /   Regular balanced   Regular balanced   Rexercise   Regular balanced   Reservise   Reservise   Regular balanced   Reservise   Reservis

□ Other:

**Comprehensive Health Assessment** 4 to 5 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied by □ Mother □ Father □ Other: Parent's Primary Language Interpreter □ Yes  $\quad \square \; No$ □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp ΒP Weight **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: ☐ Responded at < 25 dB at Hearing Screening  $\ \square$  Non coop 1000-4000 frequencies in both ears Vision Screening OD: OS: ☐ Non coop Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable Birth Length: Birth Weight: 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 □ Asthma □ Cancer □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ HTN □ Liver Disease □ Seizures □ Uses DME  $\square \ge 2$  ER visits in 12 months □ Other: Current Medications/Vitamins: ☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: □Yes □No Fluoride varnish applied in last 6 months: □Yes □ No Diet / Nutrition □ Regular □ Iron-rich foods □ Other: **Appetite**  $\square$  Good □ Fair □ Poor Elimination □ Normal □ Abnormal Has WIC □ Yes □ No ☐ Inactive (little or none)

□ Some (< 2 ½ hrs/week)

□ No

 $\square$  Fainting  $\square$  Sudden seizures  $\square$  SOB  $\square$  Chest pain

□ Fatigue □ Snoring □ Enuresis

☐ See CAIR

☐ Active (> 60 min/day)

□ Regular

□ Yes

Physical Activity

Sleep Pattern

Vaccines Up to Date

Name:	DOB:	. IV	IR#:		
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:				
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationships w/ social/emotional support □ Changes in family since last visit (move, job, death) □ Problems with housing, food, employment □ 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)		
Adverse Childhood	□ <u>PEARLS</u> ,				
Experiences Anemia	□ Other:				
	☐ H&P, ☐ Other:				
Blood Lead Education (At each Well Visit)	☐ <u>Lead Assessment</u> , ☐ H&P, ☐ Other:				
Dental (cavities, no dental home)	□ H&P, □ Other:				
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:				
Dyslipidemia	□ H&P, □ Other:				
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:				
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:				
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:				
Growth and Developn		SS Grade:			
☐ Hops on one foot	□ Counts four pennies	□ Copies a sq	uare		
□ Catches, throws a ball	☐ Knows opposites	□ Recognizes	3-4 colors		
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayor finger and th			
Physical Examination			WNL		
General appearance	Well-nourished & develo No abuse/neglect eviden				
Head	Symmetrical				
Eyes	PERRLA, conjunctivae & Red reflexes present, No Appears to see	strabismus			
Ears	Canals clear, TMs normate Appears to hear	al			
Nose	Passages clear, MM pink	k, no lesions			
Teeth	No visible cavities, gross	ly normal			
Mouth / Pharynx	Oral mucosa pink, no les	ions			
Neck	Supple, no masses, thyroid not enlarged				
Chest / Breast	Symmetrical, no masses				
Heart	No organic murmurs, reg	ular rhythm			
Lungs	Clear to auscultation bila	terally			
Abdomen	Soft, no masses, liver &	spleen normal			

DOB:

Comprehensive He	ealth Assessment			Name:	DOB:	: MR#:
Genitalia	Grossly normal			Anticipatory Guidano Health education preference	• •	•
Male	Circ / uncircumcised, tes	tes in scrotum		Diet, Nutrition & Exer		ditimedia 🗆 Other.
Female	No lesions, normal extern	nal appearance		□ Weight control / obesity	□ Vegetables, fruits	☐ Meal socialization
Hips	Good abduction			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Femoral pulses	Normal			□ Physical activity /	☐ Regular balanced	☐ School lunch program
Extremities	No deformities, full ROM			Accident Prevention	meal with snacks  & Guidance	
Skin	Clear, no significant lesion	ons		□ Lead poisoning	□ Seat belt	□ Independence
Neurologic	Alert, no gross sensory of	r motor deficit		prevention  ☐ Routine dental care	☐ Safety helmet	☐ Make-believe / role play
Subjective / Objective	е			☐ Brush teeth with	☐ Storage of drugs /	□ Dressing self
				fluoride toothpaste  ☐ Fluoride varnish treatment	toxic chemicals  Matches / burns	☐ Reading together / school readiness
				☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Knows name, address, & phone number
Assessment				☐ Caution with strangers	☐ Poison control phone number	☐ Plays with other children
Assessment				☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
				□ Falls	☐ Hot water temp < 120° F	□ Bedtime
				☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits
				Next Appointment		
Plan				□ 1 year	□ RTC PRN	□ Other:
				Documentation Remi		□ Vaccines entered in CAID
				□ Screening tools (TB, HEP B, etc.) are completed, dated, &	☐ Height / Weight / BMI measurements plotted in CDC	□ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
Referrals				reviewed by provider	growth chart	
□ <u>WIC</u>	□ Optometrist / Ophthalmologist	☐ Audiologist				
□ Dentist	☐ Dietician / Nutritionist	□ Pulmonologist		MA / Nurse Signature	Title	Date
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or L Education Age				
□ Other:				Provider Signature	Title	Date
Orders						
□ COVID 19 vaccine	□ MMR	□ CBC / Basic me	etabolic			
□ DTaP	□ PCV13 (if not up to date)	☐ Hct / Hgb (if hig	gh risk)	Notes (include date, ti	me, signature, and title	e on all entries)
☐ Hep A vaccine (if not up to date)	□ PPSV (if high risk)	☐ Lipid panel (if h	nigh risk)	☐ Member/parent refused the		<u> </u>
☐ Hep B vaccine (if not up to date)	□ Varicella (2 <sup>nd</sup> Dose)	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>				
□ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis at 5 y	Vears			
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test				
☐ Meningococcal (if high	☐ Rx Fluoride drops /	☐ Fluoride varnis				
risk)	chewable tabs (0.25 mg/0.50 mg QD)	application				

 $\ \square$  Other:

6 to 8 Years Old	Actual Age:	Date:	
Sex at Birth	□ Male □ Female	!	
Accompanied By	□ Self □ Parent	□ Other:	
Parent's Primary			
Language Interpreter	□ Yes □ No	□ Refused	
Requested	Name of Interpreter	:	
Intake	(See CDC Growth Chart)	Vital S	Signs
Height		Temp	
Weight		BP	
BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8	9 10
Hearing Screening	☐ Responded at < 25 dB 1000-4000 frequencies		□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
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 □ Asthma □ Cancer □ Depression □ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV □ HTN □ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months			
☐ Other:  Current Medications/Vi	tamins:   See Medication	on List	
Interval History			
•	Dental visit within past 12	months: □ Yes □	□ No
Dental Home	Drinks fluoridated water or		
Diet / Nutrition	□ Regular □ Iron-rich	foods   Other:	
Appetite	□ Good □ Fair	□ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/weel ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden se	k)	Chest pain
Sleep Pattern	□ Regular □ Fatigue		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 or sudden d	f unexpected eath < 50 yrs
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of	□ WNL - Stable relationsh □ Changes in family since □ Problems with housing,	e last visit (move, j , food, employmen	ob, death) t
Health (SDOH)	☐ Family stressors (menta		oierice/abuse)

Name:	DOB	: IV	IR#:
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:		
Sudden Cardiac Arrest	□ H&P, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:		
Growth and Developn		ess Grade:	
□ Rides bicycle	☐ Knows right from	□ Reads for pl	easure
□ Ties shoelaces	left  ☐ Draws person with 6 parts including	□ Tells time	
□ Rules and	clothing  □ Independence	☐ Prints first na	ame
consequences			VA/NII
Physical Examination	Well-nourished & develo	ned	WNL
General appearance	No abuse/neglect eviden		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal	āl 	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities & grossly normal		
Mouth / Pharynx	Oral mucosa pink, no lesions		
Chest / Breast	Symmetrical, no masses		
Heart	No organic murmurs, reg	gular rhythm	
Lungs	Clear to auscultation bila	terally	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Femoral pulses	Normal		
Extremities	No deformities, full ROM		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesion	ons	
Neurologic	Alert, no gross sensory of	or motor deficit	

Comprehensive He	ealth Assessmen	t	Name:	DOB	: MR#:
Subjective / Objective		Anticipatory Guidance (AG) / Education (√ if discussed)  Health education preference: □ Verbal □ Visual □ Multimedia □ Other:			
			Diet, Nutrition & Exer	cise	
			□ 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
			<b>Accident Prevention</b>	& Guidance	
A			□ Routine dental care	☐ Use of social media	□ Peer pressure
Assessment			☐ <u>Lead Poisoning</u> <u>Prevention</u>	☐ Avoid risk-taking behavior	□ Independence
			☐ Signs of depression (suicidal ideation)	☐ Gun safety	□ Personal development
			☐ Mental health (emotional support)	<ul> <li>Non-violent conflict resolution</li> </ul>	□ Physical growth
			☐ Form caring & supportive relationships with family & peers	<ul><li>□ Safety helmet</li><li>□ Seat belt</li></ul>	☐ Daily mindful movements
			☐ Early Sex education	□ Limit screen time	□ Puberty
			☐ Smoking/vaping use/exposure	☐ Skin cancer prevention	□ Bedtime
Plan			Next Appointment		
			□ 1 year	□ RTC PRN	□ Other:
			<b>Documentation Remi</b>	nders	
			☐ 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	Title	Date
Referrals			Signature		
□ Dentist	□ Optometrist /	□ Audiologist			T
□ Dietician / Nutritionist	Ophthalmologist  □ Regional Center	□ Early Start or Local	Provider Signature	Title	Date
☐ CA Children's Services (CCS)	□ Other:	Education Agency			
Orders					
□ COVID 19 vaccine	☐ Meningococcal (if	□ CBC / Basic metabolic	Notes (include date, ti	me, signature, and titl	e on all entries)
☐ DTaP (if not up	high risk)  □ MMR (if not up to	panel  ☐ Hct / Hgb (if high risk)	☐ Member/parent refused the	he following screening/orde	ors:
to date)  ☐ Hep A (if not up	date) □ Tdap ( <u>&gt;</u> 7 yrs)	☐ Lipid panel (if high risk)			
to date)	- W : H //	— DDD 1: 1 1 ("T1: 1 : 1)			
☐ Hep B (if not up to date)	□ Varicella (if not up to date)	<ul><li>□ PPD skin test (if high risk)</li><li>□ QFT (if high risk)</li></ul>			
☐ IPV (if not up to date)	☐ Blood Lead (if high risk)	□ CXR □ Urinalysis			
□ Influenza vaccine	☐ Hep B Panel (if high risk)	□ ECG □ COVID 19 test			
☐ Rx Fluoride drops /	□ Other:	_ 50 (15 10 tool			
chewable tabs (0.50 mg/1.0 mg QD)					

**Comprehensive Health Assessment** 9 to 12 Years Old Actual Age: Date: Sex at Birth □ Male □ Female Accompanied By □ Self □ Parent □ Other: Primary Language Interpreter □ Yes  $\square$  No □ Refused Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp ΒP Weight **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain 0 1 2 3 4 5 6 7 8 9 10 □ 9-10 Yrs Old: Responded at ≤ 25 dB at 1000-4000 frequencies in both ears Hearing Screening □ Non coop □ >11 Yrs Old: Responded at < 25 dB at 1000-8000 frequencies in both ears Vision Screening OS: ☐ Non coop 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 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  $□ \ge 2$  ER visits in 12 months □ Other: Current Medications/Vitamins: 
☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: ☐Yes ☐No □ Regular □ Low calorie  $\square$  ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Fair  $\square$  Good □ Poor □ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) Physical Activity  $\square$  Active ( $\ge$  60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain Sleep Pattern □ Regular □ Fatigue □ Snoring □ Enuresis Vaccines Up to Date □ Yes □ No ☐ See CAIR Sexually active □ Yes □ No □ Multiple Partners □ MSM Contraceptive Used

 $\quad \Box \ \ Condoms$ 

□ None

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

LMP (females):

**Current Alcohol** /

**Substance Use** □ Drugs (specify):

□ Other:

□ Menorrhagia

□ Alcohol

□ Other:

DOB:	: M	IR#:
□ Unremarkable	□ Diabetes	
☐ Lives/lived with someone HBV+	□ Asthma	
□ Cancer		f unexpected eath < 50 yrs
□ Other:		
<ul><li>☐ Changes in family since</li><li>☐ Problems with housing,</li></ul>	e last visit (move, jo food, employmen	ob, death) t
□ 1 Parent □ 2 Paren	nts   Other:	
Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
□ PEARLS, □ PEARLS-12&UP □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ H&P, □ Other:		
□ PHQ-9A, □ Other:		
□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
□ H&P, □ Other:		
□ CDC HEP Risk, □ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
□ <u>SCD</u> , □ H&P, □ Other:		
□ ASQ, □ PHQ-9A, □ Other:		
□ <u>SHA</u> , □ H&P, □ Other:		
☐ TB Risk Assessment,☐ Other:		
nent / School Progre	ess Grade:	
□ Performs chores	□ Plays / lister	s to music
□ Exhibit compassion & empathy	□ Reads for pl	easure
□ Participates in organized sports / social activities	emotional co (including se	mpetence lf-regulation)
☐ Adheres to predetermined rules	☐ Knows right	from left
		WNL
	□ Unremarkable □ Lives/lived with someone HBV+ □ Cancer □ Other: □ WNL - Stable relationsf Changes in family since Problems with housing, Family stressors (mental Parent	□ Unremarkable □ Diabetes □ Lives/lived with someone HBV+ □ Cancer □ Family Hx or or sudden decorated and or sudden decorated

DOB:

Comprehensive He	ealth Assessment			Name:	DOB	: MR#:
Head	No lesions				□ Trichomonas	□ COVID 19 test
Eyes	PERRLA, conjunctivae & scle Vision grossly normal	erae clear		☐ Rx Fluoride drops / chewable tabs	□ Other:	
Ears	Canals clear, TMs normal Hearing grossly normal			(0.50 mg/1.0 mg QD)		
Nose	Passages clear, MM pink, no	lesions		Anticipatory Guidano  Health education preference	• • •	•
Teeth	No visible cavities, grossly no	ormal		Diet, Nutrition & Exer		
Mouth / Pharynx	Oral mucosa pink, no lesions			□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Neck	Supple, no masses, thyroid n enlarged	ot		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III IV	V		□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Heart	No organic murmurs, regular	rhythm		Accident Prevention	& Guidance	
Lungs	Clear to auscultation bilateral	lly		☐ Alcohol/drug/substance misuse counseling	□ Social media use	□ Peer pressure
Abdomen	Soft, no masses, liver & splee	en normal		☐ Signs of depression	☐ Avoid risk-taking	□ Independence
Genitalia	Grossly normal Tanner stage: I II III IV	V		(suicidal ideation)   Mental health	behavior  ☐ Gun safety	□ Personal development
Male	Circ / uncircumcised, testes i	n scrotum		(emotional support)  □ Form caring &	□ Non-violent conflict	☐ Physical growth
Female	No lesions, normal external a	appearance		supportive relationships with family & peers	resolution	
Femoral pulses	Normal			☐ Early Sex education / Safe sex practices	☐ Safety helmet	☐ Mindful of daily movements
Extremities	No deformities, full ROM			☐ Skin cancer prevention	□ Seat belt	□ Puberty
Lymph nodes	Not enlarged			☐ Smoking/vaping	□ Routine dental care	□ Bedtime
Back	No scoliosis			use/exposure Tobacco Use / Cessa	tion Exposed to 2 <sup>nd</sup> han	l d smoke □ Yes □ No
Skin	Clear, no significant lesions			□ Never smoked or used to	•	
Neurologic	Alert, no gross sensory or mo	otor deficit		☐ Former smoker: # Yrs sm☐ Current smoker: # Yrs sm☐		
Subjective / Objective	e			Type used: □ Cigarettes □	Chewing tobacco □ Vap	
				☐ Advised to quit smoking	☐ Discussed smoking cessation medication	<ul> <li>□ Discussed smoking cessation strategies</li> </ul>
Assessment				Next Appointment		
				□ 1 year	□ RTC PRN	□ Other:
Plan						
Referrals				Documentation Remi		
□ Dentist	□ Optometrist / □ Ophthalmologist	Dietician / Nutrition	ist	☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are	☐ Height / Weight / BMI measurements plotted in CDC	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)
☐ Drug / ETOH Tx rehab	☐ Behavioral health ☐	Tobacco cessation	class	completed, dated, & reviewed by provider	growth chart	
☐ CA Children's Services (CCS)		Early Start or Loca Education Agency	I	MA / Nurse		
□ OB/GYN:	□ Other:	<u> </u>		Signature	Title	Date
Orders					1	
□ COVID 19 vaccine		CBC / Basic metab	olic	Provider Signature	Title	Date
☐ Hep B vaccine (if not given previously)	□ Varicella (if not up □ to date)	Hct / Hgb (yearly if menstruating)				
☐ HPV vaccine (if not up	☐ Hep B Panel (if not ☐	Lipid panel (once		Notes (include date, til	me, signature, and title	e on all entries)
to date)  □ Influenza vaccine	up to date)  □ Chlamydia □	between 9-11 yrs) PPD skin test		☐ Member/parent refused the	ne following screening/orde	rs:
□ IIIIIuenza vaccille	•	QFT Skin test				
☐ Meningococcal vaccine (11 to 12 yrs)	, ,	CXR				
(11 to 12 y13)	□ Herpes □	Urinalysis				

□ ECG

☐ MMR (if not up to date)

□ Syphilis

### **Comprehensive Health Assessment** 13 to 16 Years Actual Age: Date: Old Sex at Birth □ Male □ Female □ Self □ Parent □ Other: Accompanied By Primary Language □ Refused Interpreter □ Yes □ No Requested Name of Interpreter: Intake (See CDC Growth Chart) **Vital Signs** Height Temp ΒP Weight **BMI Value** Pulse BMI % Resp Allergies / Reaction Location: Pain Scale: 0 1 2 3 4 5 6 7 8 9 10 ☐ Responded at < 25 dB at Hearing Screening □ Non coop 1000-8000 frequencies in both ears Vision Screening OD: OS: OU: ☐ Non coop 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 Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List $\square$ Asthma $\square$ Cancer $\square$ Depression $\square$ DM $\square$ Dialysis $\square$ Heart Disease $\hfill \Box$ HEP B $\hfill \Box$ HEP C $\hfill \Box$ High Cholesterol $\hfill \Box$ HIV $\hfill \Box$ HTN $\hfill \Box$ Liver Disease □ Seizures □ STI □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: Current Medications/Vitamins: ☐ See Medication List **Interval History** Dental visit within past 12 months: ☐ Yes ☐ No **Dental Home** Drinks fluoridated water or takes supplements: ☐Yes ☐No □ Regular □ Low calorie □ ADA Diet / Nutrition ☐ Iron-rich foods ☐ Other: Appetite □ Fair □ Poor □ Good ☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) Physical Activity ☐ Active (> 60 min/day) □ Fainting □ Sudden seizures □ SOB □ Chest pain

Vaccines Up to Date

Contraceptive Used

Sexually Active

LMP (females):

**Current Alcohol /** 

**Substance Use** 

□ Drugs (specify):

□ Yes

□ None

□ None

□ IV Drugs-Current

□ IV Drugs-Past Hx

 $\square$  No

☐ Yes ☐ No ☐ Multiple Partners ☐ MSM

□ Condoms

☐ See CAIR

□ Menorrhagia

□ Alcohol

□ Other:

□ Other:

Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma	
☐ High cholesterol	☐ Cancer ☐ Family Hx of unexpecter or sudden death < 50 yr		
□ Anemia	□ Other:		
Dyadic Behavioral / Social Determinants of Health (SDOH)	□ WNL - Stable relationsh     □ Changes in family since     □ Problems with housing,     □ Family stressors (mental)	e last visit (move, j food, employmen	ob, death) t, incarceration
Lives with	□ 1 Parent □ 2 Paren	nts   Other:	
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	□ <u>PEARLS</u> , □ Other:		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Anemia	□ H&P, □ Other:		
Dental (cavities, no dental home)	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ-9A</u> , □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyadic Behavioral / SDOH	□ <u>SDOH</u> , □ <u>PEARLS</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hepatitis B	□ CDC HEP Risk, □ H&P, □ Other:		
HIV (Test at least once starting at 15 yrs old)	□ <u>SHA</u> , □ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Sudden Cardiac Arrest	□ <u>SCD</u> , □ H&P, □ Other:		
Suicide	□ ASQ, □ PHQ-9A, □ Other:		
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:		
Tuberculosis	□ TB Risk Assessment,		
Exposure  Growth and Developn	□ Other:	ess Grade:	
□ School achievement	□ Performs chores	□ Plays / lister	ns to music
□ School attendance	□ Learns new skills	□ Reads	
☐ Understands parental limits & consequences for unacceptable behavior	□ Participates in organized sports / social activities	☐ Uses both hands independently	
☐ Ability to get along with peers	<ul> <li>□ Learns from mistakes &amp; failures, tries again</li> </ul>	☐ Preoccupation with rapid body changes	
Physical Examination			WNL
General appearance	Well-nourished & develo		
Head	No lesions		
Eyes	PERRLA, conjunctivae & sclerae clear		

DOB:

Name:

MR#:

Vision grossly normal

Comprehensive He	ealth Assessment	
Ears	Canals clear, TMs normal Hearing grossly normal	
Nose	Passages clear, MM pink, no lesions	
Teeth	No visible cavities, grossly normal	
Mouth / Pharynx	Oral mucosa pink, no lesions	
Neck	Supple, no masses, thyroid not enlarged	
Chest/Breast (females)	Symmetrical, no masses Tanner stage: I II III IV V	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilaterally	
Abdomen	Soft, no masses, liver & spleen normal	
Genitalia	Grossly normal Tanner stage: I II III IV V	
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	e	
Assessment		

Lungs	Clear to auscultation bilaterally			
Abdomen	Soft, no masses, liver &	Soft, no masses, liver & spleen normal □		
Genitalia	Grossly normal Tanner stage: I II III			
Male		Circ / uncircumcised, testes in scrotum		
Female	No lesions, normal exte	rnal appearance		
Femoral pulses	Normal			
Extremities	No deformities, full ROM	Л		
Lymph nodes	Not enlarged			
Back	No scoliosis			
Skin	Clear, no significant les	ions		
Neurologic	Alert, no gross sensory	or motor deficit		
Subjective / Objective	)			
Assessment				
Plan				
Referrals				
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutr	itionist	
☐ Drug / ETOH Tx rehab	☐ Behavioral health	□ Tobacco cessa	ation class	
☐ CA Children's Services (CCS)	□ Regional Center	□ Early Start or L Education Age		
□ OB/GYN:	□ Other:			
Orders				
□ COVID 19 vaccine	□ Tdap	□ CBC / Basic m panel	etabolic	
☐ Hep B vaccine (if not up to date)	□ Varicella (if not up to date)	☐ Hct / Hgb (year menstruating)	rly if	
☐ HPV vaccine (if not up to date)	□ Hep B Panel (if high risk)	□ Lipid panel (if h	nigh risk)	
□ Influenza vaccine	<ul><li>□ Chlamydia</li><li>□ Gonorrhea</li></ul>	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>		
☐ Meningococcal vaccine (if not up to date)	<ul><li>☐ HIV (if high risk)</li><li>☐ Herpes</li></ul>	□ CXR □ Urinalysis		
☐ MMR (if not up to date)	□ Syphilis □ Trichomonas	□ ECG □ COVID 19 test		
□ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	□ Other:			

Name:	DOB	: MR#:			
<b>Anticipatory Guidance</b>	e (AG) / Education (	√ if discussed)			
Health education preference		•			
Diet, Nutrition & Exerc	cise				
□ Weight control / obesity □ Vegetables, fruits □ Lean protein					
□ weight control / obesity	□ vegetables, iruits	Lean protein			
☐ Whole grains /	☐ Limit fatty, sugary &	☐ Limit candy, chips & ice			
iron-rich foods	salty foods	cream			
<ul> <li>□ Physical activity / exercise</li> </ul>	☐ Healthy food choices	☐ Eating disorder			
Accident Prevention &					
		_ 0 .   .			
☐ Alcohol/drug/substance misuse counseling	☐ Social Media Use	☐ Goals in life			
☐ Signs of depression (suicidal ideation)	<ul><li>☐ Avoid risk-taking behavior</li></ul>	□ Independence			
☐ Mental health (emotional support)	☐ Gun safety	☐ Personal development			
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans			
□ Sex education (partner selection)	□ Safety helmet	☐ Family support, social interaction &			
☐ Safe sex practices	☐ Seat belt	communication  ☐ Mindful of daily			
(condoms, contraception,	☐ Seat beit	movements			
HIV/AIDS)  □ Skin cancer prevention	☐ Motor vehicle safety	☐ Physical growth			
☐ Skill callcel prevention	(no texting & driving)	□ Pilysicai giowtii			
☐ Smoking/vaping use/exposure	□ Routine dental care	□ Sexuality			
Tobacco Use / Cessa	tion Exposed to 2nd hand	d smoke □ Yes □ No			
□ Never smoked or used to	pacco products				
☐ Former smoker: # Yrs sm					
☐ Current smoker: # Yrs sm					
Type used: □ Cigarettes □					
☐ Advised to quit smoking	☐ Discussed smoking cessation medication	<ul> <li>□ Discussed smoking cessation strategies</li> </ul>			
Next Appointment	occouncil modication	occouncil cultiogico			
□ 1 year	☐ RTC PRN	□ Other:			
Documentation Remir	nders				
☐ Screening tools (TB,	☐ Height / Weight / BMI	□ Vaccines entered in CAIR			
Depression/Suicide,	measurements	(manufacturer, lot #, VIS			
HEP B, etc.) are	plotted in CDC	publication dates, etc.)			
completed, dated, &	growth chart				
reviewed by provider					
MA / Nurse					
Signature	Title	Date			
orginaturo -					
Provider Signature	Title	Date			
Notes (include date, time, signature, and title on all entries)					
$\hfill \square$ Member/parent refused the following screening/orders:					

(	Compreh	ensive	Health	Assessme	nt
П					

17 to 20 Years	Actual Age:	Date:	
Sex at Birth	□ Male □ Female		
Accompanied By	□ Self □ Parent	□ Other:	
Primary Language			
Interpreter Requested	□ Yes □ No Name of Interpreter	□ Refused	
Intake	(See CDC Growth Chart)	Vital S	Sians
Height		Temp	
Weight		BP	
□ Significant loss/gain:lbs  BMI Value		Pulse	
BMI %		Resp	
Allergies / Reaction		Тоор	
Pain	Location:		
	Scale: 0 1 2 3 ☐ Responded at < 25 dB	<u>4 5 6 7 8</u> Bat	
Hearing Screening	1000-8000 frequencies	s in both ears	□ Non coop
Vision Screening	OD: OS:	OU:	□ Non coop
Cultural Needs (e.g., cult preference/restrictions, and h			es, dietary markable
Country of Birth:   US  At least 1 parent born in Afric	□ Other: ca, Asia, Pacific Islands: □	Yes □ No	
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No		
Advance Directive	☐ Yes ☐ Refused Starting at 18 years old		
Info given/discussed Chronic Problems/Sign	nificant Conditions: □ None □ See Problem List		
□ Asthma □ Cancer □	Depression $\square$ DM $\square$ I	Dialysis 🗆 Hea	art Disease
	High Cholesterol $\Box$ HIV ses DME $\Box$ ≥ 2 ER visits	☐ HTN ☐ Li s in 12 months	vei Disease
□ Other:			
Functional Limitations (			
☐ Seeing ☐ Hearing ☐ Mo			Self-care
☐ Taking 0.4 to 0.8 mg of folic a			
Interval History			
Diet / Nutrition	☐ Regular ☐ Lo☐ Iron-rich foods ☐ Ot		ADA
Appetite	□ Good □ Fa	air 🗆	Poor
	☐ Inactive (little or none)		
Physical Activity	<ul><li>□ Some (&lt; 2 ½ hrs/weel</li><li>□ Active (≥ 60 min/day)</li></ul>	K)	
	□ Fainting □ Sudden se	eizures   SOB	Chest pain
Vaccines Up to Date	□ Yes □ No	□ See <u>CAIR</u>	
Sexually Active	□ Yes □ No □ Multi	ple Partners	MSM
Contraceptive Used	□ None □ Condoms	□ Other:	
LMP (females):	G P A	☐ Menorrhagia	а
Current Alcohol / Substance Use	□ None	□ Alcohol	
☐ Drugs (specify):	☐ IV Drugs-Current☐ IV Drugs-Past Hx	□ Other:	

Name:	DOB	: N	IR#:	
Family History	□ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	☐ Family Hx o or sudden d	f unexpected leath < 50 yrs	
□ Anemia	□ Other:			
Dyadic Behavioral / Social Determinants of Health (SDOH)	<ul><li>☐ Changes in family since</li><li>☐ Problems with housing,</li></ul>	<ul> <li>□ WNL - Stable relationships w/ social/emotional support</li> <li>□ Changes in family since last visit (move, job, death)</li> <li>□ Problems with housing, food, employment, incarceration</li> <li>□ Family stressors (mental illness, drugs, violence/abuse)</li> </ul>		
Lives with	□ 1 Parent □ 2 Parer	nts   Other:		
AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Adverse Childhood Experiences	☐ <u>ACEs</u> , ☐ <u>PEARLS</u> , ☐ Other:			
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:			
Anemia	☐ H&P, ☐ Other:			
Dental (cavities, no dental home)	□ H&P, □ Other:			
Depression Score:	□ <u>PHQ-9A,</u> □ Other:			
Drug Misuse	☐ <u>SHA</u> , ☐ <u>CRAFFT</u> , ☐ H&P, ☐ Other:			
Dyadic Behavioral / SDOH	□ SDOH, □ PEARLS, □ H&P, □ 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)	□ <u>SHA</u> , □ H&P, □ Other:			
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:			
Sudden Cardiac Arrest	□ <u>SCD</u> , □ H&P, □ Other:			
Suicide	□ <u>ASQ</u> , □ <u>PHQ-9A</u> , □ Other:			
Tobacco Use / Exposure	□ <u>SHA</u> , □ H&P, □ Other:			
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:			
Growth and Developm	nent / School Progre	SS Grade: _		
☐ Hobbies / work	□ Plays sports	□ Plays / lister	ns to music	
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on ne		
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	□ Preparation education, of marriage &	for further career,	
Physical Examination			WNL	
General appearance	Well-nourished & develo No abuse/neglect eviden			
Head	No lesions			
Eyes	PERRLA, conjunctivae & Vision grossly normal	sclerae clear		

Comprehensive He			
Ears	Canals clear, TMs norma Hearing grossly normal	al 🗆	
Nose	Passages clear, MM pink	k, no lesions	
Teeth	No visible cavities, gross	ly normal	
Mouth / Pharynx	Oral mucosa pink, no les	sions	
Neck	Supple, no masses, thyro enlarged	oid not	
Chest / Breast (females)	Symmetrical, no masses Tanner stage: I II III		
Heart	No organic murmurs, reg	gular rhythm	
Lungs	Clear to auscultation bila	terally $\Box$	
Abdomen	Soft, no masses, liver &	spleen normal	
Genitalia	Grossly normal Tanner stage: I II III	IV V	
Male	Circ / uncircumcised, tes	tes in scrotum	
Female	No lesions, normal exter	nal appearance	
Vaginal exam	Done or completed elsev name:	where OB/GYN	
Femoral pulses	Normal		
Lymph nodes	Not enlarged		
Back	No scoliosis		
Skin	Clear, no significant lesions		
Neurologic	Alert, no gross sensory or motor deficit		
Subjective / Objective	9		
Assessment			
Plan			
Referrals			
□ Dentist	☐ Optometrist/ Ophthalmologist	□ Dietician/ Nutritionist	
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	
□ CA Children's Services (CCS)	☐ Regional Center ☐ Early Start or Local Education Agency		
□ OB/GYN	□ Other:		
Orders			
□ COVID 19 vaccine	☐ Hep B Panel (at least once ≥18 yrs)	☐ CBC / Basic metabolic panel	
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (at least once ≥18 yrs)	☐ Hct / Hgb (yearly if menstruating)	
☐ HPV vaccine (if not up	☐ Rx for folic acid 0.4-	☐ Lipid panel (once	

0.8mg daily (females) between 17-21 yrs)

□ Chlamydia□ Gonorrhea

□ Herpes

 $\quad \Box \ \, \mathsf{Syphilis}$ 

□ Other:

 $\ \ \square \ \ Trichomonas$ 

☐ HIV (if high risk)

□ PPD skin test

 $\square$  QFT

 $\; \Box \; \mathsf{CXR}$ 

 $\square \; \mathsf{ECG}$ 

□ Urinalysis

□ COVID 19 test

to date)

□ Tdap

□ Influenza vaccine

☐ Meningococcal vaccine

☐ MMR (if not up to date)

(if not up to date)

Name:	DOB	: MR#:			
Anticipatory Guidance Health education preference		•			
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			
<ul> <li>□ Physical activity / exercise</li> </ul>	☐ Healthy food choices	☐ Eating disorder			
Accident Prevention 8	& Guidance				
☐ Alcohol/drug/substance misuse counseling	□ Social media use	☐ Transitioning to adult provider			
☐ Routine dental care	☐ Avoid risk-taking behavior	☐ Independence			
☐ Signs of depression (suicidal ideation)	☐ Gun safety	□ Personal development & goals in life			
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans			
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt / Safety Helmet	□ Testicular self-exam			
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	☐ Self-breast exam			
☐ Smoking/vaping use/exposure	☐ Mental health (emotional support)	☐ Prenatal care / encourage breastfeeding			
□ Current smoker: # Yrs sm Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment		ing products □ Other: □ Discussed smoking			
Type used: □ Cigarettes □ □ Advised to quit smoking	Chewing tobacco □ Vap □ Discussed smoking	ing products □ Other: □ Discussed smoking			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment	Chewing tobacco □ Vap □ Discussed smoking cessation medication □ RTC PRN	ing products    Other:  Discussed smoking cessation strategies			
Type used:   Cigarettes  Advised to quit smoking  Next Appointment  1 year	Chewing tobacco □ Vap □ Discussed smoking cessation medication □ RTC PRN	ing products			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remin □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse	Chewing tobacco	ing products			
Type used:  Cigarettes  Advised to quit smoking  Next Appointment  1 year  Documentation Remin  Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	Chewing tobacco	ing products  Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remin □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse	Chewing tobacco	ing products  Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
Type used:  Cigarettes  Advised to quit smoking  Next Appointment  1 year  Documentation Remin  Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature	Chewing tobacco	ing products  Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
Type used:  Cigarettes  Advised to quit smoking  Next Appointment  1 year  Documentation Remin  Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature	Chewing tobacco	ing products  Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remin □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature	Chewing tobacco	ing products    Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)  Date  Date			
Type used:  Cigarettes  Advised to quit smoking  Next Appointment  1 year  Documentation Remin  Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature	Chewing tobacco	ing products    Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)  Date  Date  Date			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remine □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, tire	Chewing tobacco	ing products    Other:  Discussed smoking cessation strategies  Other:  Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)  Date  Date  Date			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remine □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, tire	Chewing tobacco	ing products  Other: Discussed smoking cessation strategies  Other: Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)  Date  Date  Date			
Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment □ 1 year  Documentation Remine □ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider  MA / Nurse Signature  Provider Signature  Notes (include date, tire	Chewing tobacco	ing products  Other: Discussed smoking cessation strategies  Other: Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)  Date  Date  Date			

Comprehensive Hea	Ith Assessment			
21 to 39 Years: Female at Birth	Actual Age:	Date:		
Primary Language				
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:			
Intake		Vital S	igns	
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., cultur preference/restrictions, and he	al background/traditions, r		, dietary	
Country of Birth: ☐ US At least 1 parent born in Africa		Yes □ No		
Dental Home	Dental visit within past 1	2 months: □ Yes	□ No	
Advance Directive Info Given/Discussed	□ Yes □ Refuse	d		
□ 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 □ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)				
Education (last grade co Health education preference:	. ,	timedia  □ Other:		
Interval History	VOIDAI EI VIOLAI EI IVIAI	unicala 🗀 culor.		
Diet / Nutrition	3.	ow calorie   ther:	ADA	
Appetite	□ Good □ F	air 🗆	Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per we		gth training)	
LMP: □ Pregnant	G P A	□ Menorrhagia	ı	
Sexually Active	□ Yes □ No □	Multiple Partners	<b>3</b>	
Contraceptive Used	□ None □ Condoms	□ Other:		
Social Determinants of Health (SDOH)	Intimate Partner Violence (IPV) in the last 12 months: Has anyone physically hurt you? □ Yes □ No Has anyone insulted or humiliated you? □ Yes □ No Has anyone threatened you? □ Yes □ No Has anyone screamed or cursed at you? □ Yes □ No			
Last PAP/HPV	Date:	□ WNL		
Current Alcohol / Substance Use	□ None	□ Alcohol		
□ Drugs (specify):	☐ IV Drugs-Current	□ Other:		

□ IV Drugs-Past Hx

Name:	DOB:	MF	R#:
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History and Dates	□ None	□ See <u>CAIR</u>	
☐ 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)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT,</u> □ H&P, □ 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)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH / Intimate Partner Violence	□ <u>SDOH</u> , □ <u>HITS</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develo No abuse/neglect evider	•	
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal	& sclerae clear,	
Ears	Canals clear, TMs normal Hearing grossly normal	al	
Nose	Passages clear, MM pin	k, no lesions	
Teeth	No visible cavities, gross	sly normal	
Mouth / Pharynx	Oral mucosa pink, no les	sions	
Neck	Supple, no masses, thyr enlarged	roid not	
Chest / Breast	Symmetrical, no masses		

Comprehensive Hea	Ith Assessment			Name:	DOB:	MR#:
Heart	No organic murmurs, re	gular rhythm		Anticipatory Guidance	(AG) / Education (√	if discussed)
Lungs	Clear to auscultation bild	aterally		Diet, Nutrition & Exerci	se	
Abdomen	Soft, no masses, liver &	spleen normal		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Genitalia	Grossly normal			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Female	No lesions, normal exte appearance	mal		□ Physical activity /	☐ Healthy food	□ Eating disorder
Vaginal exam	Done or completed else OB/GYN name:	where		exercise Accident Prevention &	choices  Guidance	
Femoral pulses	Present & equal			☐ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
Extremities	No deformities, full RON	1		misuse counseling  □ Routine dental care	behavior  Gun safety	☐ Personal development
Lymph nodes	Not enlarged			☐ Signs of depression	□ Violent behavior	☐ Goals in life
Back	No scoliosis			(suicidal ideation)		
Skin	Clear, no significant lesi	ons		☐ Intimate partner violence	☐ Mindful of daily movements	☐ Family support, social interaction & communication
Neurologic	Alert, no gross sensory	or motor deficit		□ Diabetes management	☐ Motor vehicle safety (DUI / no	☐ Academic or work plans
Subjective / Objective					texting & driving)	
				☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	☐ Self-breast exam
				□ Skin cancer prevention	□ Safety helmet	□ Breastfeeding
Assessment				☐ Smoking/vaping use/exposure	□ ASA use	☐ Sex education (partner selection)
Plan				☐ Former smoker: # Yrs smol ☐ Current smoker: # Yrs smol Type used: ☐ Cigarettes ☐ ( ☐ Advised to quit smoking	ked # Cigarettes sm	ng products   Other:
Tiun				Next Appointment	cessation medication	cessation strategies
				□ 1 year	□ RTC PRN	□ Other:
Referrals						
□ Dentist	□ Optometrist /	□ Dietician / Nutri	itionist	Documentation Remind	ders	
☐ Drug / ETOH Tx rehab	Ophthalmologist  Behavioral health	□ Tobacco cessa	tion class	☐ Screening tools (TB, Depression, HEP B, etc.)	□ Vaccines entered in CAIR (manufacturer,	☐ Problem / Medication Lists updated
□ OB/GYN:	□ Other:			are completed, dated, & reviewed by provider	lot #, VIS publication dates, etc.)	
Orders						
☐ COVID 19 vaccine / booster	□ Varicella (if not up to date)	☐ CBC / Basic me	etabolic	MA / Nurse Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Hct / Hgb☐ Lipid panel				
☐ HPV vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Low to moderate statin	te dose	Provider Signature	Title	Date
☐ Influenza vaccine	□ Chlamydia □ Gonorrhea	□ PPD skin test □ QFT				
☐ Meningococcal vaccine (if	☐ HIV (if high risk)	□ CXR				
not up to date)	☐ Herpes	☐ Urinalysis		Notes (include date, tim	e. signature, and title	on all entries)
☐ MMR (if not up to date)	<ul><li>☐ Syphilis</li><li>☐ Trichomonas</li></ul>	□ ECG □ COVID 19 test				
☐ Pneumococcal (if high risk)	☐ Rx for folic acid 0.4-0.8mg daily	□ Fasting plasma HbA1C	glucose /	☐ Member refused the followi	ng screening/orders:	
□ Tdap	☐ Bone Density Test	□ PAP □ HPV				

 $\square$  Other:

#### Comprehensive Health Assessment 21 to 39 Years: Actual Age: Date: Male at Birth Primary Language □ No □ Refused Interpreter □ Yes Requested Name of Interpreter: **Vital Signs** Intake Allergies / Reaction Temp RΡ Height Weight Pulse ☐ Significant loss/gain: \_\_\_lbs BMI Value Resp Location: Pain 0 1 2 3 4 5 6 7 8 9 10 Scale: 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 □ Yes □ Refused Info given/discussed 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 $\square$ Seeing $\square$ Hearing $\square$ Mobility $\square$ Communication $\square$ Cognition $\square$ Self-care Current Medications/Vitamins: ☐ See Medication List Education (last grade completed): Health education preference: $\square$ Verbal $\square$ Visual $\square$ Multimedia $\square$ Other: **Interval History** □ Regular □ Low calorie $\square$ ADA Diet / Nutrition $\square$ Iron-rich foods $\square$ Other: Appetite $\square$ Good □ Fair □ Poor ☐ Inactive (little or none) Physical Activity ☐ 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 □ Other: □ None □ Condoms ☐ WNL – Stable relationships w/ social/emotional support Social ☐ Changes in family since last visit (move, job, death) **Determinants of** ☐ Problems with housing, food, employment, incarceration Health (SDOH) ☐ Family stressors (mental illness, drugs, violence/abuse) Current Alcohol / □ None □ Alcohol **Substance Use** □ IV Drugs-Current □ Drugs (specify): □ Other: □ IV Drugs-Past Hx

□ None

□ Cancer

□ Lives/lived with

someone HBV+

Family History

☐ Heart disease / HTN

☐ High cholesterol

□ Diabetes

□ Asthma

□ Other:

Immunization	□ None	□ See <u>CAIR</u>	VIII.
History / Date  □ COVID #1:	□ Influenza:	☐ Tdap:	
□ COVID #2:		,	
☐ COVID Booster(s):	□ MMR:	□ Varicella:	
□ Hepatitis B:	☐ Pneumococcal:	□ Other:	
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood  Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Depression Score:	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ 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)	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA,</u> □ H&P, □ Other:		
Tuberculosis Exposure	☐ <u>TB Risk Assessment,</u> ☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develope No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & s	sclerae clear	
Ears	Vision grossly normal Canals clear, TMs normal Hearing grossly normal		
Nose	Passages clear, MM pink,	no lesions	
Teeth	No visible cavities, grossly	normal	
Mouth / Pharynx	Oral mucosa pink, no lesio	ons	
Neck	Supple, no masses, thyroic	d not enlarged	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regu	lar rhythm	
Lungs	Clear to auscultation bilate	erally	
Abdomen	Soft, no masses, liver & sp	oleen normal	
Genitalia	Grossly normal		
Male	Circ / uncircumcised, teste Prostate Exam / Rectal	s in scrotum	

DOR:

Nama:

MR#

Comprehensive He	ealth Assessment			Name:	DOB:	MR#:
Femoral pulses	Normal			Anticipatory Guidano	e (AG) / Education (	if discussed)
Extremities	No deformities, full ROM			Diet, Nutrition & Exer	cise	
Lymph nodes	Not enlarged			☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Back	No scoliosis			□ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Skin	Clear, no significant lesion	ns		□ Physical activity /	☐ Healthy food choices	□ Eating disorder
Neurologic	Alert, no gross sensory or	motor deficit		Accident Prevention 6	⊥ & Guidance	
Subjective / Objective	е			☐ Alcohol/drug/substance	☐ Avoid risk-taking	□ Independence
				misuse counseling	behavior	·
				☐ 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
Assessment				□ Safe sex practices (condoms, contraception,	□ Seat belt	☐ Family support, social interaction & communication
				HIV/AIDS)  ☐ Skin cancer prevention	□ Safety helmet	☐ Testicular self-exam
				☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Sex education (partner selection
Plan				□ Former smoker: # Yrs sm □ Current smoker: # Yrs sm Type used: □ Cigarettes □ □ Advised to quit smoking  Next Appointment	noked # Cigarettes sn	
				□ 1 year	□ RTC PRN	□ Other:
				Documentation Remi	nders	
Referrals				☐ Screening tools (TB,	□ Vaccines entered in	□ Problem/Medication
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutritio	onist	Depression, HEP B, etc.) are completed, dated, & reviewed by provider	CAIR (manufacturer, lot #, VIS publication dates, etc.)	Lists updated
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation	on class	provider		
□ Other:				MA / Nurse Signature	Title	Date
Orders						
□ COVID 19 vaccine / booster	□ Tdap	☐ CBC / Basic meta	abolic	Provider Signature	Title	Date
☐ 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 statin	dose			
☐ Influenza vaccine	☐ Hep C Antibody test (if high risk)	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>		Notes (include date, ti	me, signature, and title	on all entries)
☐ Meningococcal vaccine	□ Chlamydia	□ CXR		☐ Member refused the follow		
(if not up to date)  □ MMR (if not up to date)	☐ Gonorrhea☐ HIV (if high risk)	<ul><li>□ Urinalysis</li><li>□ ECG</li></ul>				
( 25 to data)	□ Herpes	□ COVID 19 test				
□ Pneumococcal (if high risk)	<ul><li>☐ Syphilis</li><li>☐ Trichomonas</li></ul>	<ul><li>☐ Fasting plasma g</li><li>☐ HbA1C</li></ul>	glucose			
□ Other:						

Comprehensive He	alth Assessment		
40 to 49 Years: Female at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	□ Yes □ No Name of Interpreter:	□ Refused	
Intake		Vital	Signs
Allergies / Reaction		Temp	
Height		BP	
Weight		Pulse	
□ Significant loss/gain:lbs		Resp	
Pain	Location:	<u> </u>	
Cultural Needs (e.g., cult			9 10
preference/restrictions, and I			markable
Country of Birth:   US	□ Other:		
At least 1 parent born in Afric		Yes □ No	
Dental Home	Dental visit within past 12		s □ No
Advance Directive	□ Yes □ Refused		
Info Given/Discussed Chronic Problems/Sign			oblem List
	Depression □ DM □ D		art Disease
	High Cholesterol ☐ HIV		ver Disease
☐ Seizures ☐ STI ☐ U☐ Other:	Ises DME $\square \ge 2$ ER visits	in 12 months	
Functional Limitations	(check all that apply): □ Un	remarkable	
☐ Seeing ☐ Hearing ☐ Mob			f-care
Current Medications/Vi  ☐ taking 0.4 to 0.8 mg of fo			
Education (last grade of Health education preference		- Itimedia □ Otho	ar.
Interval History	. 🗆 Verbai 🗀 Visuai 🗀 Mu	itimedia 🗆 Otne	#1.
<u> </u>	□ Regular □ Lo	w calorie	ADA
Diet / Nutrition	☐ Iron-rich foods ☐ Ot		
Appetite	□ Good □ Fa	iir 🗆	Poor
Discontinuit Aug. 10	☐ Inactive (little or none)		
Physical Activity	☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per we	ek w/ 2 dave etren	oth training)
LMP:	G P A	□ Menorrhag	
	G F A	□ Menopaus	e
Hysterectomy	□ Partial □ Total		
Sexually active	□ Yes □ No	☐ Multiple Pa	artners
Contraceptive Used	□ None □ Condoms	□ Other:	
Intimate Partner	Has anyone physically hu		□ Yes □ No
Violence / SDOH	Has anyone insulted or h	-	□ Yes □ No
In the last 12 months	Has anyone threatened y Has anyone screamed or		
Last PAP/HPV	Date:	□ WNL	
Last Mammogram	Date:	□ WNI	
Last Mammogram	Date:	□ WNL	

Last Colonoscopy

Date:

 $\; \square \; \mathsf{WNL}$ 

Name:	DOB:	IV	IK#:
Current Alcohol / Substance Use	□ None	□ Alcohol	
☐ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:	
Family History	□ None	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	е
☐ High cholesterol	□ Cancer	□ Other:	
Immunization History / Date	□ None	□ □ See <u>CA</u>	<u>IR</u>
☐ COVID #1: ☐ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID Booster(s):	□ MMR:	☐ Varicella: ☐ Exempt (DO non-healthca	
□ Hepatitis B:	□ Pneumococcal:	□ Other:	,
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Breast Cancer	□ H&P, □ Other:		
Cervical Cancer	□ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression Score:	□ <u>PHQ2</u> , □ <u>PHQ9</u> , □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA,</u> □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Osteoporosis	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH / Intimate Partner Violence	□ <u>SDOH</u> , □ <u>HITS</u> , □ H&P, □ Other:		
Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Tuberculosis Exposure	☐ TB Risk Screener,☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident		
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		

Nose	Passages clear, MM pink	i, no lesions	Anti
Teeth	No visible cavities, gross	y normal $\square$	Diet,
Mouth / Pharynx	Oral mucosa pink, no les	ions $\square$	□ We
Neck	Supple, no masses, thyro	oid not	□ Wh
Chest / Breast	Symmetrical, no masses		iro □ Ph
Heart	No organic murmurs, reg	ular rhythm	Acci
Lungs	Clear to auscultation bila	terally $\square$	□ Ald
Abdomen	Soft, no masses, liver & s	spleen normal	mis
Genitalia	Grossly normal		□ Sig (su
Female	No lesions, normal extern		□ Me
	appearance  Done or completed elsew	/here	□ Dia
Vaginal exam	OB/GYN name:		□ Inti
Femoral pulses	Present & equal		vic
Extremities	No deformities, full ROM		□ Se
Lymph nodes	Not enlarged		se □ Sa
Back	No scoliosis		(co
Skin	Clear, no significant lesio	ns 🗆	HI\ □ Sn
Neurologic	Alert, no gross sensory o	r motor deficit	Tob
Subjective / Objective	• •		□ Ne
- Cabjeonve / Objeonve	•		□ Fo
			□ Cu
Assessment			Type □ Ad
Plan			Nex
Referrals			□ 1 y
□ Dentist	□ Optometrist / Ophthalmologist	☐ Dietician / Nutritionist	Doci
□ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	□ Sc
□ OB/GYN	□ Other:		De etc
Orders			dat pro
□ COVID 19 vaccine /	□ Hep B Panel (if high	□ CBC / Basic metabolic	
booster  ☐ Hep B vaccine (if not up	risk)  ☐ Hep C Antibody	panel □ Hct / Hqb	MA / Sigr
to date)	test (if high risk)	☐ Lipid panel	
□ Influenza vaccine	□ Chlamydia	□ PPD skin test	
	□ Gonorrhea	□ QFT	Prov
☐ MMR (if not up to date)	☐ HIV (if high risk)	□ CXR	
☐ Pneumococcal (if high	☐ Herpes	□ Urinalysis □ ECG	
risk)	<ul><li>☐ Syphilis</li><li>☐ Trichomonas</li></ul>	□ COVID 19 test	L
□ Tdap	□ Rx for folic acid 0.4-	□ Fasting plasma glucose	
r	0.8mg daily	☐ Oral glucose tolerance	Note

 $\hfill\square$  Varicella (if not up to

□ Zoster (if high risk)

date)

 $\hfill\Box$  Other:

 $\ \square$  gFOBT or Fit

□ Colonoscopy

□ PAP

 $\square$  HPV

□ HbA1C

statin

 $\hfill\Box$  Low to moderate dose

 $\hfill\Box$  Bone Density Test

 $\quad \square \ \, \mathsf{Mammogram}$ 

Anticipatory Guidance	e (AG) / Education ( $\sqrt{\ }$	if discussed)
Diet, Nutrition & Exerc	cise	
☐ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
□ Physical activity /	☐ Healthy food choices	□ Eating disorder
exercise Accident Prevention 8	 	
	T	I
☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
<ul><li>☐ Mental health (emotional support)</li></ul>	☐ Violent behavior	□ Goals in life
□ Diabetes management	☐ Mindful of daily movements	□ Work activities
☐ Intimate partner violence	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Sex education (partner selection)	□ Seat belt	☐ Self-breast exam
□ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Safety helmet	☐ Aging process
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Perimenopause education
☐ Current smoker: # Yrs smo Type used: ☐ Cigarettes ☐ ☐ Advised to quit smoking	-	•
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:
D (cf D	. 1	
Documentation Remir	iders	T
☐ 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	Title	Date
Signature	TILIC	Date
Provider Signature	Title	Date
Notes (include date, tin		on all entries)
☐ Member refused the follow	ving screening/orders:	
		<del></del>

DOB:

Comprehensive Health	Assessment		
40 to 49 Years: Male at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Name of Interpreter:	□ Refused	
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	4 5 6 7	8 9 10
Cultural Needs (e.g., cultural b preference/restrictions, and health	ackground/traditions, religio		lietary
Country of Birth: US US			
At least 1 parent born in Africa, As  Dental Home	a, Pacific Islands: ☐ Yes  Dental visit within past 12	□ No	es □ No
Advance Directive			UU INU
Info Given/Discussed Chronic Problems/Significan	□ Yes □ Refused		
□ Asthma □ Cancer □ Depr □ HEP B □ HEP C □ High C □ Seizures □ STI □ Uses D □ Other:  Functional Limitations (check	ME $\square \ge 2$ ER visits in 12	「N □ Liver I months	
☐ Seeing ☐ Hearing ☐ Mobility ☐			те
Current Medications/Vitamin			
Education (last grade comp Health education preference:   Ve	,	ia □ Other:	
Interval History	Total E Victal E Mailinea	ia 🗆 outor.	
Diet / Nutrition	☐ Regular ☐ Low		ADA
Appetite	□ Good □ Fair	r 🗆	Poor
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2½ hrs/week)		
Sexually active	☐ Active (≥2 ½ hrs per wee		ength training)
<u> </u>			
Contraceptive Used	□ None □ Condoms	□ Other:	
Last Colonoscopy	Date:	□ WNL	
Social Determinants of Health (SDOH)	□ WNL-Stable relationships     □ Changes in family since la     □ Problems with housing/foc     □ Family stressors(mental il	ast visit (move, od/employment Iness, drugs,vic	job, death) /incarceration
Current Alcohol / Substance Use	□ None	□ Alcohol	
□ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:	
Family History	□ Unremarkable	□ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with	□ Asthma	

someone HBV+

 $\ \square$  Other:

□ Cancer

 $\ \ \square \ \ \text{High cholesterol}$ 

Name:	DOB:	MR#	<i>‡</i> :
Immunization History / Date	□ None	□ See <u>CAIF</u>	<u>R</u>
□ COVID #1: □ COVID #2:	□ Influenza:	□ Tdap:	
☐ COVID Booster(s):	□ MMR:	□ Varicella: □ Exempt (D	
☐ Hepatitis B:	□ Pneumococcal:	□ Other:	,
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	□ <u>ACEs</u>		
Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Colorectal Cancer	□ H&P, □ Other:		
Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
Diabetes	□ H&P, □ Other:		
Drug Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Dyslipidemia	□ H&P, □ Other:		
Hep B (Test all 18 yrs and older at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA</u> , □ H&P, □ Other:		
Obesity	□ H&P, □ Other:		
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Tobacco Use	☐ <u>SHA</u> , ☐ <u>CRAFFT</u> , ☐ H&P, ☐ Other:		
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:		
Physical Examination			WNL
General appearance	Well-nourished & develop No abuse/neglect evident	ed	
Head	No lesions		
Eyes	PERRLA, conjunctivae & Vision grossly normal		
Ears	Canals clear, TMs normal Hearing grossly normal		
Nose			
Teeth	No visible cavities, grossly	y normal	
Mouth / Pharynx	Oral mucosa pink, no lesi		
Neck	Supple, no masses, thyro enlarged	id not	
Chest	Symmetrical, no masses		
Heart	No organic murmurs, regular rhythm		
Lungs	Clear to auscultation bilate		
Abdomen	Soft, no masses, liver & s normal	pleen	

Comprehensive Healt	th Assessment		Name:	DOR:	MR#:
Genitalia	Grossly normal		Anticipatory Guidance (A	G) / Education (√ if dis	cussed)
Male	Circ/uncircumcised, teste Prostate Exam / Rectal	s in scrotum	Diet, Nutrition & Exercise		
Femoral pulses	Present & equal		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Extremities	No deformities, full ROM		☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Lymph nodes	Not enlarged		□ Physical activity / exercise	☐ Healthy food choices	☐ Eating disorder
Back	No scoliosis		Accident Prevention & Gu		
Skin	Clear, no significant lesio		☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
Neurologic	Alert, no gross sensory o motor deficit	r 🗆	☐ Signs of depression	☐ Gun safety	□ Personal
Subjective / Objective			(suicidal ideation)	□ Violent behavior	development  Goals in life
			support)  □ Diabetes management	☐ Mindful of daily	☐ Work activities
			☐ Sex education (partner selection)	movements  Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
Assessment			☐ Safe sex practices (condoms, contraception, HIV/AIDS)	□ Seat belt	□ Testicular self-exam
Assessment			☐ Smoking/vaping use/exposure	☐ Skin cancer Prevention	☐ Routine dental care
			Tobacco Use / Cessation  □ Never smoked or used tobacco □ Former smoker: # Yrs smoked	# Cigarettes smoked	
Plan			☐ Current smoker: # Yrs smoked ☐ Type used: ☐ Cigarettes ☐ Chev		•
			☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies
			Next Appointment	ccssation medication	ccssation strategies
			□ 1 year	□ RTC PRN	□ Other:
Referrals					
□ Dentist	☐ Optometrist / Ophthalmologist	□ Dietician / Nutritionist	Documentation Reminder	T	T =
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class	☐ Screening tools (TB, Depression, HEP B, etc.) are completed, dated, & reviewed	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication	☐ Problem / Medication Lists updated
□ Other:			by provider	dates, etc.)	
			MA / Nurse Signature	Title	Date
Orders					•
☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel	Provider Signature	Title	Date
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	□ Hct / Hgb □ Lipid panel	Flovider Signature	TILLE	Date
□ Influenza vaccine	□ Chlamydia □ Gonorrhea	☐ Low to moderate dose statin			
☐ MMR (if not up to date)	□ HIV	□ PPD skin test			
	☐ Herpes	□ QFT	Notes (include date, time, s	signature, and title on a	all entries)
☐ Pneumococcal vaccine	☐ Syphilis	□ CXR	,		,
☐ Tdap	<ul><li>☐ Trichomonas</li><li>☐ gFOBT or Fit</li></ul>	<ul><li>□ Urinalysis</li><li>□ ECG</li></ul>	☐ Member refused the following s	creening/orders:	
□ Тиар	□ Colonoscopy	□ COVID 19 test			
☐ Varicella (if not up to date)	☐ HbA1C	☐ Fasting plasma			
,		glucose			
□ Zoster	□ PSA	☐ Oral glucose tolerance test			
□ Other:					

Comprehensive He	alth Assessment		Name:	DOB:	: MI	R#:
50+ Years: Female at Birth	Actual Age:	Date:	Current Alcohol / Substance Use	□ None	□ Alcohol	
Primary Language			☐ Drugs (specify):	<ul><li>□ IV Drugs-Current</li><li>□ IV Drugs-Past Hx</li></ul>	□ Other:	
Interpreter Requested	<ul><li>☐ Yes</li><li>☐ No</li><li>Name of Interpreter</li></ul>	□ Refused	Family History	□ None	□ Diabetes	
Intake	Name of interpreter	Vital Signs	☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture	
Allergies / Reaction		Temp	☐ High cholesterol	□ Cancer	□ Other:	
Height		BP	Immunization History / Date	□ None	□ Tdap:	
Weight □ Significant loss/gain:lbs		Pulse	□ COVID #1:	☐ See <u>CAIR</u> ☐ Influenza:	□ Zoster:	
BMI Value		Resp	☐ COVID #2: ☐ COVID Booster(s):	□ MMR:	□ Varicella:	
Pain	Location: Scale: 0 1 2 3	4 5 6 7 8 9 10	Doored Booster(3).	☐ Exempt (DOB <1957 &	☐ Exempt (non-h	ealthcare worker
Cultural Needs (e.g., cult preference/restrictions, and h	ural background/traditions,		☐ Hepatitis B:	non-healthcare worker)  □ Pneumococcal:	□ Other:	
Country of Birth: □ US	□ Other:		USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risl (see Plan/ Orders/AG)
At least 1 parent born in Afric	ca, Asia, Pacific Islands:   Dental visit within past 1		Adverse Childhood Experiences (screen at least once	□ <u>ACEs</u>		
Advance Directive Info Given/Discussed	□ Yes □ Refuse		in adulthood at earliest opportunity)  Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:		
Chronic Problems/Sign  ☐ Asthma ☐ Cancer ☐		None □ See Problem List  Dialysis □ Heart Disease	Breast Cancer	□ H&P, □ Other:		
□ HEP B □ HEP C □ F	High Cholesterol □ HIV	☐ HTN ☐ Liver Disease	Cervical Cancer	☐ H&P, ☐ Other:		
☐ Seizures ☐ STI ☐ U☐ Other:	ses DME □ ≥ 2 ER visits	s in 12 months	Cognitive Health (Start at 65 yrs old) Score:	☐ <u>MINI-COG</u> , ☐ <u>AD8</u> , ☐ Other:		
Functional Limitations (			Colorectal Cancer	☐ H&P, ☐ Other:		
☐ Seeing ☐ Hearing ☐ Mob Current Medications/Vi		•	Depression Score:	□ PHQ2, □ PHQ9, □ Other:		
			Diabetes	☐ H&P, ☐ Other:		
Education (last grade of Health education preferences	. ,	_ ultimedia □ Other:	Drug Misuse	☐ <u>SHA</u> , ☐ <u>CRAFFT</u> , ☐ H&P, ☐ Other:		
Interval History			Dyslipidemia	□ H&P, □ Other:		
Diet / Nutrition	☐ Regular ☐ Lo	ow calorie □ ADA ther:	Hep B (Test all 18 yrs and older at least once at earliest opportunity)	☐ <u>CDC HEP Risk</u> , ☐ H&P, ☐ Other:		
Appetite	□ Good □ F	air 🗆 Poor	Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk</u> , □ H&P, □ Other:		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 2 1/ hrs per ve	eek w/ 2 days strength training)	HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ <u>SHA</u> , □ H&P, □ Other:		
LMP:	G P A	□ Menorrhagia	Lung Cancer	□ H&P, □ Other:		
Hysterectomy	□ Partial □ Total	☐ Menopause	Obesity	☐ H&P, ☐ Other:		
Sexually active	☐ Yes ☐ No	□ Multiple Partners	Osteoporosis	☐ H&P, ☐ Other:		
Contraceptive Used	□ None □ Condoms	· · · · · · · · · · · · · · · · · · ·	Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:		
Last PAP/HPV	Date:	□ WNL	SDOH	□ <u>SDOH</u> , □ H&P, □ Other:		
Last Mammogram	Date:	□ WNL	Tobacco Use	□ <u>SHA</u> , □ <u>CRAFFT</u> , □ H&P, □ Other:		
Last Colonoscopy	Date:	□ WNL	Tuberculosis Exposure	☐ TB Risk Screener. ☐ Other:		
Contain Determine	☐ Changes in family since	ps w/ social/emotional support e last visit (move, job, death)	Physical Examination			WNL
Social Determinants of Health (SDOH)	☐ Problems with housing☐ Family stressors (ment	, food, employment al illness, drugs,violence/abuse)	General appearance	Well-nourished & develo		

☐ Family stressors (mental illness, drugs,violence/abuse)

No lesions

Head

Comprehensive He	ealth Assessment			Name:	DOB	: MR#:
Eyes	PERRLA, conjunctivae & s Vision grossly normal	clerae clear		□ Zoster	☐ Mammogram	☐ Low Dose CT (20-pack year smoking history & currently
Ears	Canals clear, TMs normal Hearing grossly normal			☐ Hep B Panel (if high risk)	☐ Bone Density Test	smoke or have quit within past 15 years)
Nose	Passages clear, MM pink,	no lesions		□ Other:		
Teeth	No visible cavities, grossly	normal		Anticipatory Guidanc	e (AG) / Education (	√ if discussed)
Mouth / Pharynx	Oral mucosa pink, no lesio	ns		Diet, Nutrition & Exerc	cise	
Neck	Supple, no masses, thyroic	d not enlarged		□ Weight control / obesity	□ Vegetables, fruits	□ Lean protein
Chest / Breast	Symmetrical, no masses			☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
Heart	No organic murmurs, regul	lar rhythm		□ Physical activity / exercise	☐ Healthy food choices	□ Eating disorder
Lungs	Clear to auscultation bilate	rally		Accident Prevention &	1	
Abdomen	Soft, no masses, liver & sp	leen normal		□ Alcohol/drug/substance	□ ASA use	□ Independence
Genitalia	Grossly normal			misuse counseling    Signs of depression	☐ Gun safety	☐ Personal development
Female	No lesions, normal externa	al appearance		(suicidal ideation)  ☐ Mental health	☐ Goals in life	☐ Aging process
Vaginal exam	Done or completed elsewh OB/GYN name:	ere		(emotional support)		0 01
Femoral pulses	Present & equal			☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
Extremities	No deformities, full ROM			<ul><li>☐ Sex education (partner selection)</li></ul>	☐ Motor vehicle safety (DUI / no texting &	☐ Family support, social interaction & communication
Lymph nodes	Not enlarged			☐ Safe sex practices	driving)  □ Seat belt	□ Self-breast exam
Back	No scoliosis			(condoms, contraception,		
Skin	Clear, no significant lesion	S		HIV/AIDS)  □ Smoking/vaping	☐ Routine dental care	□ Perimenopause education
Neurologic	Alert, no gross sensory or	motor deficit		use/exposure		1 Chinenopause education
Subjective / Objective	•			Tobacco Use / Cessar		
						moked/day Quit date
Assessment				☐ Current smoker: # Yrs sm Type used: ☐ Cigarettes ☐		
				☐ Advised to quit smoking	☐ Discussed smoking cessation medication	☐ Discussed smoking cessation strategies
Plan				Next Appointment	oossation medication	occounting strategies
Referrals				□ 1 year	□ RTC PRN	□ Other:
□ Dentist	•	□ Dietician / Nutrition	onist			
☐ Drug / ETOH Tx rehab	Ophthalmologist   Behavioral health	□ Tobacco cessatio	on class	Documentation Remir		
□ OB/GYN	□ Other:			<ul><li>□ Screening tools (TB, Depression, HEP B,</li></ul>	<ul> <li>□ Vaccines entered in CAIR (manufacturer,</li> </ul>	☐ Problem / Medication Lists updated
Orders				etc.) are completed, dated, & reviewed by	lot #, VIS publication dates, etc.)	
□ COVID 19 vaccine /	·   · · · · · · · · · · · · · · · · · ·	□ CBC / Basic meta	abolic	provider		
booster  ☐ Hep B vaccine (if not up	test (if high risk)  ☐ Chlamydia	panel ☐ Hct / Hgb		MA / Nurse	Title	Date
to date)		☐ Lipid panel☐ PPD skin test☐		Signature		
□ IIIIIuenza vaccine	( )	☐ QFT				
☐ MMR (if not up to date)	,,	□ CXR □ Urinalysis		Provider Signature	Title	Date
□ Pneumococcal	☐ Rx for folic acid	□ Connaiysis □ ECG				
		□ COVID 19 test				
□ Tdap	-	<ul><li>□ Fasting plasma g</li><li>□ Oral glucose tole</li></ul>		Notes (include date, tir	me, signature, and title	e on all entries)
□ Varicella (if not up to		☐ HbA1C	14.100 1001	☐ Member refused the follow	wing screening/orders:	
date)	□ HD\/	□ Low to moderate	doop static			

<b>Comprehensive Healt</b>	h Assessment			Name:
50+ Years: Male at Birth	Actual Age:	Date:		Family History
Primary Language				☐ Heart disease / HTN
Interpreter Requested	☐ Yes ☐ No Name of Interpreter:	□ Refused		☐ High cholesterol
Intake	Name of interpreter.		Signs	Immunization History Date
Allergies / Reaction		Temp		□ COVID #1:
				□ COVID #2:
Height		BP		☐ COVID Booster(s):
Weight		Pulse		
□ Significant loss/gain:lbs  BMI Value		Resp		☐ Hepatitis B:
Pain	Location:	<u> </u>	2 2 42	
Cultural Needs (e.g., cultural	Scale: 0 1 2 3			USPSTF Risk Screen
preference/restrictions, and healt		□ Unremarl		Abdominal Aortic Aneurism
Country of Birth:   US	Other:			Adverse Childhood Experier (screen at least once in adulthood at
At least 1 parent born in Africa, A		□ No		earliest opportunity)
Dental Home	Dental visit within past 12	months:   Y	es □ No	Alcohol Misuse
Advance Directive Info Given/Discussed	□ Yes □ Refused	I		Cognitive Health (Start at 65 yrs old) Score:
Chronic Problems/Signification				Colorectal Cancer
□ HEP B □ HEP C □ High		ΓN □ Liver		Depression Score:
☐ Seizures ☐ STI ☐ Uses ☐ Other:	DME $\square \ge 2$ ER visits in 12	months		Diabetes
				Drug Misuse
Functional Limitations (chec				Dyslipidemia
	□ Seeing □ Hearing □ Mobility □ Communication □ Cognition □ Self-care  Current Medications/Vitamins: □ See Medication List			Hep B (Test all 18 yrs and older a once at earliest opportunity)
				Hep C (Test all 18-79 yrs old at le
Education (last grade com Health education preference:	· · · · ·	lia □ Other		HIV (Test all 15-65 yrs old at least at earliest opportunity)
Interval History				Lung Cancer
	☐ Regular ☐ Lov	w calorie	□ ADA	Obesity
Diet / Nutrition	☐ Iron-rich foods ☐ Oth	ner:		Sexually Transmitted
Appetite	□ Good □ Fai	ir	□ Poor	Infections
Discording I Astinity	☐ Inactive (little or none)			SDOH
Physical Activity	<ul> <li>□ Some (&lt; 2 ½ hrs/week)</li> <li>□ Active (≥ 2 ½ hrs per week)</li> </ul>	ek w/ 2 davs stre	enath training)	
Sexually active	☐ Yes ☐ No ☐ Multip			Tobacco Use
Contraceptive Used	□ None □ Condoms	□ Other:		Tuberculosis Exposure
Last Colonoscopy	Date:	□ WNL		Physical Examination
	☐ WNL-Stable relationships			General appearance
Social Determinants of Health (SDOH)	<ul><li>☐ Changes in family since la</li><li>☐ Problems with housing/for</li></ul>		-	Head
	☐ Family stressors: mental i		Eyes	
Current Alcohol / Substance Use	□ None	□ Alcohol		Ears
□ Drugs (specify):	☐ IV Drugs-Current	□ Other:		
	□ IV Drugs-Past Hx			Nose

Name:	DOB:	MR#	<b>‡</b> :	
Family History	☐ Unremarkable	□ Diabetes		
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	□ Asthma		
☐ High cholesterol	□ Cancer	□ Other:		
Immunization History / Date	□ None □ See CAIR	□ Tdap:		
□ COVID #1: □ COVID #2:	□ Influenza:	□ Zoster:		
□ COVID Booster(s):	☐ MMR: ☐ Exempt (DOB <1957 & non-healthcare worker)	worker)	☐ Exempt (non-healthcare	
☐ Hepatitis B:	□ Pneumococcal:	□ Other:		
USPSTF Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)	
Abdominal Aortic	□ H&P, □ Other:			
Aneurism  Adverse Childhood Experiences (screen at least once in adulthood at	□ <u>ACEs</u>			
earliest opportunity) Alcohol Misuse	□ <u>SHA</u> , □ <u>CRAFFT</u> ,			
Cognitive Health	☐ H&P, ☐ Other: ☐ MINI-COG,			
(Start at 65 yrs old) Score:	□ AD8, □ Other:			
Colorectal Cancer	☐ H&P, ☐ Other: ☐ PHQ2, ☐ PHQ9,			
Depression Score:	□ Other:			
Diabetes	☐ H&P, ☐ Other:			
Drug Misuse	☐ <u>SHA</u> , ☐ <u>CRAFFT</u> , ☐ H&P, ☐ Other:			
Dyslipidemia	□ H&P, □ Other: □ □			
$\begin{array}{c} Hep \ B \ (\text{Test all 18 yrs and older at least} \\ \text{once at earliest opportunity}) \end{array}$	☐ CDC HEP Risk,☐ H&P,☐ Other:☐			
Hep C (Test all 18-79 yrs old at least once at earliest opportunity)	□ <u>CDC HEP Risk,</u> □ H&P, □ Other:			
HIV (Test all 15-65 yrs old at least once at earliest opportunity)	□ SHA, □ H&P, □ Other: □			
Lung Cancer	□ H&P, □ Other:			
Obesity	□ H&P, □ Other:			
Sexually Transmitted Infections	□ <u>SHA</u> , □ H&P, □ Other:			
SDOH	□ <u>SDOH</u> , □ H&P, □ Other:			
Tobacco Use	<ul> <li>□ SHA, □ CRAFFT,</li> <li>□ H&amp;P, □ Other:</li> </ul>			
Tuberculosis Exposure	☐ TB Risk Assessment,☐ Other:			
Physical Examination			WNL	
General appearance	Well-nourished & develop No abuse/neglect evident			
Head	No lesions			
Eyes	PERRLA, conjunctivae & Vision grossly normal			
Ears	Canals clear, TMs normal Hearing grossly normal			
Nose	Passages clear, MM pink	no lesions		
Teeth	No visible cavities, grossly normal			

~	o mo n ro	hanaiya	Lloolth.	Accomont
U	ompre	nensive	пеанн	Assessment

Mouth / Pharynx	Oral mucosa pink, no lesi	ons $\square$
Neck	Supple, no masses, thyro enlarged	id not
Chest	Symmetrical, no masses	
Heart	No organic murmurs, regular rhythm	
Lungs	Clear to auscultation bilate	erally $\square$
Abdomen	Soft, no masses, liver & s normal	pleen
Genitalia	Grossly normal	
Male	Circ /uncircumcised, teste Prostate Exam / Rectal	es in scrotum
Femoral pulses	Present & equal	
Extremities	No deformities, full ROM	
Lymph nodes	Not enlarged	
Back	No scoliosis	
Skin	Clear, no significant lesion	ns 🗆
Neurologic	Alert, no gross sensory or motor deficit	
Subjective / Objective		
Assessment		
Plan		
Referrals		
□ Dentist	<ul><li>□ Optometrist / Ophthalmologist</li></ul>	□ 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
□ Influenza	□ Chlamydia	☐ Lipid panel☐ Low to moderate☐
MMD (if not up to date)	☐ Gonorrhea	dose statin
☐ MMR (if not up to date)	<ul><li>☐ HIV (if high risk)</li><li>☐ Herpes</li></ul>	<ul><li>□ PPD skin test</li><li>□ QFT</li></ul>
□ Pneumococcal	<ul><li>☐ Syphilis</li><li>☐ Trichomonas</li></ul>	<ul><li>□ CXR</li><li>□ Urinalysis</li></ul>
□ Tdap	☐ gFOBT or Fit	□ ECG
	□ Colonoscopy	□ COVID 19 test
□ Varicella (if not up to date)	□ Low Dose CT (20-	□ Fasting plasma
		• • • • • • • • • • • • • • • • • • • •
	pack year smoking history & currently	glucose
	pack year smoking history & currently smoke or have quit	• • • • • • • • • • • • • • • • • • • •
□ Zoster	pack year smoking history & currently	glucose □ Oral glucose
□ Zoster	pack year smoking history & currently smoke or have quit within past 15 years)  AAA Ultrasound (65 to 75 who have	glucose  Oral glucose tolerance test
□ Zoster	pack year smoking history & currently smoke or have quit within past 15 years)   AAA Ultrasound	glucose  Oral glucose tolerance test

name:	DOB:	IVIK#:
Anticipatory Guidance (A	G) / Education (√ if dis	cussed)
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 & Gu	idance	
☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	□ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
□ Diabetes management	☐ Violent behavior	☐ Goals in life
☐ Sex education (partner selection)	☐ Mindful of daily movements	☐ Work or retirement activities
□ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Motor vehicle safety (DUI / no texting & driving)	□ Family support, social interaction & communication
☐ Smoking/vaping use/exposure	□ Seat belt	☐ Testicular self-exam
☐ Routine dental care	□ Safety helmet	☐ Aging process
□ Never smoked or used tobacco □ Former smoker: # Yrs smoked □ Current smoker: # Yrs smoked Type used: □ Cigarettes □ Chev □ Advised to quit smoking	# Cigarettes smoked/ # Cigarettes smoked/	/day oducts
	cessation medication	cessation strategies
Next Appointment		
□ 1 year	□ RTC PRN	□ Other:
Documentation Reminders	 S	
☐ 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, s	signature, and title on a	all entries)
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