COMPREHENSIVE HEALTH ASSESSMENT FORMS

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COMPREHENSIVE HEALTH ASSESSMENT FORMS

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Comprehensive Health Assessment

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

Under 1 Month Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			

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

OB/GYN Provider:
Post-Partum Appointment Date:

Cord	☐ Absent ☐ Present ☐ Redness/swelling ☐ Yellow drainage

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

Current Medications/Vitamins: ☐ See Medication List

Interval History

Nutrition	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal (2-4 hours) ☐ Abnormal	
Sleeping Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 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 Parents ☐ Other:	

AAP Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development

☐ Prone, lifts head briefly	☐ Turns head side to side	☐ Responds to sound
☐ Moro reflex	☐ Blinks at bright light	☐ Keeps hands in a fist

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

Subjective / Objective

Name: DOB: MR#:

Assessment

Plan

Referrals

☐ WIC	☐ Audiologist	☐ Optometrist / Ophthalmologist
☐ 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:	

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	☐ Colic

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear-facing Infant car seat	☐ Stimulation from hanging objects & bright colors
☐ Call MD for fever	☐ Choking hazards	☐ Family spacing
☐ Family support, social interaction & communication	☐ Never shake baby	☐ Physical growth
☐ Signs of maternal depression	☐ Matches / burns	☐ Stools
☐ Post-Partum Checkup	☐ Violence prevention, gun safety	☐ Sneezing
☐ Hot liquid away from baby	☐ Poison control phone number	☐ Hiccups
☐ Effects of passive smoking	☐ Smoke detector	☐ Bathing
☐ Skin cancer prevention	☐ Hot water temp < 120° F	☐ Circumcision care
☐ Sleeping position	☐ Drowning / tub safety	☐ Cord care

Next Appointment

☐ At 2 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ 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
Provider Signature	**Title**	**Date**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

1 to 2 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

OB/GYN Provider:
Post-Partum Appointment Date:

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ 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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Prone, lifts head 45°	☐ Vocalizes (cooing)	☐ Grasps rattle
☐ Kicks	☐ Follows past midline	☐ Smiles responsively (social)

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

Subjective / Objective

Comprehensive Health Assessment

Name: DOB: MR#:

Assessment

Plan

Referrals

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

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:	

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

☐ Lead poisoning 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
☐ Family support, social interaction & communication	☐ Violence prevention, gun safety	☐ Physical growth
☐ Diaper rash	☐ Poison control phone number	☐ Bathing
☐ 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:

Documentation Reminders

☐ 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
Provider Signature	**Title**	**Date**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

3 to 4 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

Delivery	☐ Vaginal ☐ C-Section Complications ☐ Yes ☐ No

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents
☐ 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:	

Name: DOB: MR#:

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Adverse Childhood Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Growth and Development		
☐ Head steady when sitting	☐ Squeals or coos	☐ Orients to voices
☐ Eyes follow 180°	☐ Rolls form stomach to back	☐ Brings hands together
☐ Grasps rattle	☐ Gums objects	☐ Laughs aloud

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

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

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

Orders		
☐ COVID 19 vaccine	☐ Influenza vaccine	☐ CBC / Basic metabolic panel
☐ DTaP	☐ IPV	☐ Hct / Hgb
☐ Hep B vaccine (if not up to date)	☐ PCV	☐ PPD skin test ☐ QFT
☐ Hib	☐ Rotavirus	☐ ECG ☐ COVID 19 test
☐ DTaP	☐ IPV	☐ Iron-fortified formula ☐ Iron supplements
☐ Other:		

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		
☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Childcare plan
☐ Signs of maternal depression	☐ Choking hazards	☐ Rolling
☐ 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		
☐ At 6 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders		
☐ 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
Provider Signature	**Title**	**Date**

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

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 ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Fluoride Use	Drinks fluoridated water or takes supplements: ☐Yes ☐No	
Fluoride Varnish	Applied to teeth within last 6 months: ☐ Yes ☐ No	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ 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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Blood Lead Education (Start at 6 months)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Maternal Depression Score: _____	☐ EPDS, ☐ PHQ-9, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ No head lag when pulled to sitting	☐ Sits briefly alone	☐ Orients to bell
☐ Bears weight on legs	☐ Rolls both ways	☐ Bangs small objects on surface
☐ Reaches for objects	☐ Gums objects	☐ Babbles

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

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ IPV	☐ CBC / Basic metabolic panel
☐ DTaP	☐ PCV	☐ Hct / Hgb
☐ Hep A vaccine (if high risk)	☐ Rotavirus	☐ PPD skin test ☐ QFT
☐ 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:		

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

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

Diet, Nutrition & Exercise

☐ Introduction to solids	☐ Fortified Infant Cereals	☐ Start solid foods one at a time
☐ Breastfeeding / formula	☐ No cow's milk	☐ Start feeder cup

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Electrical outlet covers
☐ Routine dental care	☐ Choking hazards	☐ Blocks
☐ 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
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Teething

Next Appointment

☐ At 9 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ 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

Provider Signature	Title	Date

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

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 ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Feedings	☐ Breastfed every _____ hours ☐ Formula _____oz every _____ hours Formula Type or Brand:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Sleep	☐ Normal ☐ Abnormal	
Sleep Position	☐ Supine ☐ Prone ☐ Side	
Fluoride Use	Drinks fluoridated water or takes supplements: ☐Yes ☐No	
Fluoride Varnish	Applied to teeth within last 6 months: ☐ Yes ☐ No	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ 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 Experiences	☐ PEARLS, ☐ 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:_____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Sits without support	☐ Transfers object hand to hand	☐ Looks for toy dropped
☐ Begins to crawl	☐ Rolls over	☐ Says "mama" or "dada"
☐ Pulls to stand	☐ Feeds self, cracker	☐ Scribbles

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

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP (if not up to date)	☐ MMR (if high risk)	☐ Hct / Hgb
☐ Hep A vaccine (if high risk)	☐ PCV (if not up to date)	☐ Lipid panel (if high risk)
☐ Hep B vaccine	☐ Rotavirus	☐ PPD skin test ☐ QFT
☐ Hib (if not up to date)	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ ECG ☐ COVID 19 test
☐ IPV	☐ Fluoride varnish application	☐ Iron-fortified formula
☐ Other:		

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

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

Diet, Nutrition & Exercise

☐ 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

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Rear facing infant car seat	☐ Electrical outlet covers
☐ 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
☐ 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 Reminders

☐ Screening tools (TB, HEP B, Developmental D/O, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

12 to 15 Months Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		
Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable			
Birth Weight: _____ Birth Length: _____ Gestational Age: _____ Delivery: ☐ Vaginal ☐ C-section Complications: ☐ Yes ☐ No Country of Birth: ☐ US ☐ Other: _____ At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No			
Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List ☐ DM ☐ Dialysis ☐ Heart Disease ☐ HEP B ☐ HEP C ☐ HIV ☐ Liver Disease ☐ Seizures ☐ Uses DME ☐ ≥ 2 ER visits in 12 months ☐ Other:			
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No		
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:		
Elimination	☐ Normal ☐ Abnormal		
Has WIC	☐ Yes ☐ No		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)		
Sleep	☐ Regular ☐ Sleep regression ☐Nighttime fears		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Family History	☐ Unremarkable	☐ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Born to HBV+ parents	
☐ 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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Blood Lead Test Test at 12 months and Educate 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	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Walks alone well	☐ Three-word vocabulary	☐ Stacks two-block tower
☐ Stoops and recovers	☐ Plays pat-a-cake	☐ Says "mama" or "dada"
☐ Takes lids off containers	☐ Feeds self	☐ Scribbles

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

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

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

Orders		
☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP	☐ MMR	☐ Hct / Hgb (at 12 months)
☐ Hep A vaccine	☐ PCV	☐ Lipid panel (if high risk)
☐ Hep B vaccine	☐ Varicella	☐ PPD skin test ☐ QFT
☐ Hib	☐ Hep B Panel (if high risk)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Blood Lead (at 12 months)	☐ ECG ☐ COVID 19 test
☐ IPV	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application
☐ Other:		

Anticipatory Guidance (AG) / Education (√ if discussed) Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:		
Diet, Nutrition & Exercise		
☐ Relaxed atmosphere / Avoid rushing while eating	☐ Vegetables, fruits	☐ Table food
☐ Whole grains / iron-rich foods	☐ Encourage solids	☐ Using cup
☐ Physical activity / exercise	☐ Healthy food choices	☐ No bottles in bed
Accident Prevention & Guidance		
☐ Lead poisoning prevention	☐ 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
☐ 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 Reminders		
☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

Notes (include date, time, signature, and title on all entries)
☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

16 to 23 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See WHO Growth Chart)	**Vital Signs**	
Head Circumference		Temp	
Length		Pulse	
Weight		Resp	
Allergies / Reaction			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 30 min/day) ☐ Active (> 30 min/day)	
Sleep	☐ Regular ☐ Sleep regression ☐ Nighttime fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Autism Disorder (At 18 months) Score: ___	☐ SWYC, ☐ M-CHAT, ☐ Other:	☐	☐
Blood Lead Education (At each Well Visit)	☐ Lead Assessment, ☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Developmental Disorder (At 18 months) Score: _____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

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

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

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

Neurologic	Alert, no gross sensory or motor deficit ☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

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

Name: DOB: MR#:

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

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

Next Appointment

☐ At 2 Years Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Autism, Developmental D/O, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Length, Weight & Head Circumference measurements plotted in WHO growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

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

2 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital Signs**	
Allergies / Reaction		Temp	
Height		Pulse	
Weight		Resp	
BMI Value		BMI %	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)	
Sleep Pattern	☐ Regular ☐ Sleep regression ☐ Nighttime fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	

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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Autism Disorder Score: _____	☐ ASQ-3, ☐ SWYC, ☐ 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: _____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Runs well, walks up and down	☐ Identifies 5 body parts	☐ Helps around the house
☐ Jumps off the ground with both feet	☐ Plays hide and seek	☐ Stacks three-block tower
☐ Puts 2 or more words together	☐ Kicks and throws a ball	☐ Handles spoon well
☐ 7 to 20-word vocabulary	☐ Name at least 1 color	☐ Puts on simple clothes

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐

Comprehensive Health Assessment

Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
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

Assessment

Plan

Referrals

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

Orders

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

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

Anticipatory Guidance (AG) / Education (√ if discussed)
Health education preference: ☐ Verbal ☐ Visual ☐ Multimedia ☐ Other:

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Caloric balance
☐ Whole grains / iron-rich foods	☐ Switch to low-fat milk	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ 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 phone number	☐ Parallel peer play
☐ Skin cancer prevention	☐ Smoke detector	☐ Limit screen time
☐ Falls	☐ Hot water temp < 120° F	☐ Bedtime
☐ Effects of passive smoking	☐ Drowning / pool fence	☐ Toileting habits / training

Next Appointment

☐ At 30 Months Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ 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 Signature	Title	Date
Provider Signature	**Title**	**Date**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

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

30 Months Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital Signs**	
Allergies / Reaction		Temp	
Height		Pulse	
Weight		Resp	
BMI Value		BMI %	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No	
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Elimination	☐ Normal ☐ Abnormal	
Has WIC	☐ Yes ☐ No	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)	
Sleep Pattern	☐ Regular ☐ Sleep regression ☐ Night time fears	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	

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 Experiences	☐ PEARLS, ☐ 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:	☐	☐
Developmental Disorder Score: ____	☐ ASQ-3, ☐ SWYC, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Balances on each foot, 1 second	☐ Eats independently	☐ Helps in dressing
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle
☐ Plays with other children	☐ Knows age, sex, first, & last name	☐ Cuts with scissors

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐

Comprehensive Health Assessment

Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ MMR	☐ CBC / Basic metabolic panel
☐ 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 (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

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

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Meal socialization
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ No bottles

Accident Prevention & Guidance

☐ Lead poisoning 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 / 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 3 Years Old	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, 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 Signature	Title	Date
Provider Signature	**Title**	**Date**

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

3 Years Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See 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 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History	
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:
Appetite	☐ Good ☐ Fair ☐ Poor
Elimination	☐ Normal ☐ Abnormal
Has WIC	☐ Yes ☐ No
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day)
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
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 Experiences	☐ PEARLS, ☐ 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	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development		
☐ Balances on each foot, 1 second	☐ Eats independently	☐ Helps in dressing
☐ Uses 3-word sentences	☐ Goes up stairs alternating feet	☐ Draws a single circle
☐ Plays with several children	☐ Knows age, sex, first, & last name	☐ Cuts with scissors

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical, A.F. closed	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐

Comprehensive Health Assessment

Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ MMR	☐ CBC / Basic metabolic panel
☐ 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 (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg/0.50 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

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

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Meal socialization
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ School lunch program

Accident Prevention & Guidance

☐ Lead poisoning 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 / 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 Reminders

☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

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

4 to 5 Years Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied by	☐ Mother ☐ Father ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See 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 dB at 1000-4000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

Current Medications/Vitamins: ☐ See Medication List

Interval History	
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No Fluoride varnish applied in last 6 months: ☐Yes ☐ No
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:
Appetite	☐ Good ☐ Fair ☐ Poor
Elimination	☐ Normal ☐ Abnormal
Has WIC	☐ Yes ☐ No
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (> 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs
☐ Anemia	☐ Other:	
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 Experiences	☐ PEARLS, ☐ 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:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress **Grade:** _____		
☐ Hops on one foot	☐ Counts four pennies	☐ Copies a square
☐ Catches, throws a ball	☐ Knows opposites	☐ Recognizes 3-4 colors
☐ Plays with several children	☐ Knows name, address, & phone number	☐ Holds crayon between finger and thumb

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	Symmetrical	☐
Eyes	PERRLA, conjunctivae & sclerae clear Red reflexes present, No strabismus Appears to see	☐
Ears	Canals clear, TMs normal Appears to hear	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐

Comprehensive Health Assessment

Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Hips	Good abduction	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ MMR	☐ CBC / Basic metabolic panel
☐ DTaP	☐ PCV13 (if not up to date)	☐ Hct / Hgb (if high risk)
☐ Hep A vaccine (if not up to date)	☐ PPSV (if high risk)	☐ Lipid panel (if high risk)
☐ Hep B vaccine (if not up to date)	☐ Varicella (2nd Dose)	☐ PPD skin test ☐ QFT
☐ IPV	☐ Blood Lead (if not in chart)	☐ CXR ☐ Urinalysis at 5 years
☐ Influenza vaccine	☐ Hep B Panel (if high risk)	☐ ECG ☐ COVID 19 test
☐ Meningococcal (if high risk)	☐ Rx Fluoride drops / chewable tabs (0.25 mg/0.50 mg QD)	☐ Fluoride varnish application
☐ Other:		

Name: DOB: MR#:

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

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

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Meal socialization
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Regular balanced meal with snacks	☐ School lunch program

Accident Prevention & Guidance

☐ Lead poisoning prevention	☐ Seat belt	☐ 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

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

6 to 8 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Parent's Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
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 dB at 1000-4000 frequencies in both ears ☐ Non coop		
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 ☐ 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/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements: ☐Yes ☐No		
Diet / Nutrition	☐ Regular ☐ Iron-rich foods ☐ Other:		
Appetite	☐ Good ☐ Fair ☐ Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain		
Sleep Pattern	☐ Regular ☐ Fatigue ☐ Snoring ☐ Enuresis		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Family History	☐ Unremarkable	☐ Diabetes	
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma	
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 yrs	
☐ Anemia	☐ Other:		
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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ H&P, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

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

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities & grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Femoral pulses	Normal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Comprehensive Health Assessment

Name: DOB: MR#:

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine	☐ Meningococcal (if high risk)	☐ CBC / Basic metabolic panel
☐ DTaP (if not up to date)	☐ MMR (if not up to date)	☐ Hct / Hgb (if high risk)
☐ Hep A (if not up to date)	☐ Tdap (≥7 yrs)	☐ Lipid panel (if high risk)
☐ Hep B (if not up to date)	☐ Varicella (if not up to date)	☐ PPD skin test (if high risk) ☐ QFT (if high risk)
☐ 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 / chewable tabs (0.50 mg/1.0 mg QD)	☐ Other:	

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

9 to 12 Years Old	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
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	☐ 9-10 Yrs Old: Responded at ≤ 25 dB at 1000-4000 frequencies in both ears ☐ ≥11 Yrs Old: Responded at ≤ 25 dB at 1000-8000 frequencies in both ears	☐ Non coop	
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 ☐ 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:			
Current Medications/Vitamins: ☐ See Medication List			

Interval History		
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements:☐Yes ☐No	
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 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	☐ None ☐ Condoms ☐ Other:	
LMP (females):		☐ Menorrhagia
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ 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 Experiences	☐ PEARLS, ☐ PEARLS-12&UP ☐ Other:	☐	☐
Alcohol Misuse (Starting at 11 yrs old)	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____ (Starting at 12 yrs old)	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse (Starting at 11 years old)	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ CDC HEP Risk, ☐ H&P, ☐ Other:	☐	☐
HIV (Starting at 11 yrs old)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections (Starting at 11 yrs old)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest (Starting at 11 yrs old)	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide (Starting at 12 yrs old)	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ School achievement	☐ Performs chores	☐ Plays / listens to music
☐ School attendance	☐ Exhibit compassion & empathy	☐ Reads for pleasure
☐ Cause and effect are understood	☐ Participates in organized sports / social activities	☐ Demonstrate social & emotional competence (including self-regulation)
☐ Caring & supportive relationships with family & peers	☐ Adheres to predetermined rules	☐ Knows right from left

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐

Comprehensive Health Assessment

Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / 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

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	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not given previously)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if not up to date)	☐ Lipid panel (once between 9-11 yrs)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (11 to 12 yrs)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis	☐ ECG

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

	☐ Trichomonas	☐ COVID 19 test
☐ Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)	☐ Other:	

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Social media use	☐ Peer pressure
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	☐ Independence
☐ Mental health (emotional support)	☐ Gun safety	☐ Personal development
☐ Form caring & supportive relationships with family & peers	☐ Non-violent conflict resolution	☐ Physical growth
☐ Early Sex education / Safe sex practices	☐ Safety helmet	☐ Mindful of daily movements
☐ Skin cancer prevention	☐ Seat belt	☐ Puberty
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Bedtime

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

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

13 to 16 Years Old	Actual Age: Date:		
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
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 dB at 1000-8000 frequencies in both ears ☐ Non coop		
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 ☐ 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:			
Current Medications/Vitamins: ☐ See Medication List			
Interval History			
Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No Drinks fluoridated water or takes supplements:☐Yes ☐No		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:		
Appetite	☐ Good ☐ Fair ☐ Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM		
Contraceptive Used	☐ None ☐ Condoms ☐ Other:		
LMP (females):		☐ Menorrhagia	
Current Alcohol / Substance Use	☐ None	☐ Alcohol	
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:	

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ 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, incarceration ☐ 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 Experiences	☐ PEARLS, ☐ Other:	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyadic Behavioral / SDOH	☐ SDOH, ☐ PEARLS, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress **Grade:** _____		
☐ School achievement	☐ Performs chores	☐ Plays / listens 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	☐ Learns from mistakes & failures, tries again	☐ Preoccupation with rapid body changes

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐

Comprehensive Health 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

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	☐ Tdap	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Varicella (if not up to date)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Hep B Panel (if high risk)	☐ Lipid panel (if high risk)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ 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#:

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Social Media Use	☐ Goals in life
☐ Signs of depression (suicidal ideation)	☐ Avoid risk-taking behavior	☐ 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 & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Mindful of daily movements
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	☐ Physical growth
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Sexuality

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

17 to 20 Years	Actual Age:	Date:	
Sex at Birth	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake	(See CDC Growth Chart)	**Vital Signs**	
Height		Temp	
Weight ☐ Significant loss/gain: ___lbs		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 at 1000-8000 frequencies in both ears	☐ Non coop	
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

Dental Home	Dental visit within past 12 months: ☐ Yes ☐ No
Advance Directive Info given/discussed	☐ Yes ☐ Refused Starting at 18 years old

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

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

Current Medications/Vitamins: ☐ See Medication List
☐ Taking 0.4 to 0.8 mg of folic acid daily (females of reproductive age)

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain	
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR	
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
LMP (females):	G P A	☐ Menorrhagia
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ 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, incarceration ☐ 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 Experiences	☐ ACEs, ☐ PEARLS, ☐ Other:	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ-9A, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ SCD, ☐ H&P, ☐ Other:	☐	☐
Suicide	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Growth and Development / School Progress Grade: _____		
☐ Hobbies / work	☐ Plays sports	☐ Plays / listens to music
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on new responsibility
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	☐ Preparation for further education, career, marriage & parenting

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐

Comprehensive Health 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	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
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

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 to date)	☐ Rx for folic acid 0.4-0.8mg daily (females)	☐ Lipid panel (once between 17-21 yrs)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Tdap	☐ Other:	

Name: DOB: MR#:

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ 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

Tobacco Use / Cessation Exposed to 2nd hand smoke ☐ Yes ☐ No

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Screening tools (TB, Depression/Suicide, HEP B, etc.) are completed, dated, & reviewed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

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

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

☐ Member/parent refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

21 to 39 Years: Female at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: _____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

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

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

Current Medications/Vitamins: ☐ See Medication List
☐ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP: ☐ Pregnant	G P A	☐ Menorrhagia
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners	
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 ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History and Dates	☐ None	☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella:
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH / Intimate Partner Violence	☐ SDOH, ☐ HITS, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear, Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐

Courtesy of Anthem Blue Cross. Revised 10/16/23

Comprehensive Health Assessment

Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Varicella (if not up to date)	☐ CBC / Basic metabolic panel
☐ 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 dose statin
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Pneumococcal (if high risk)	☐ Rx for folic acid 0.4-0.8mg daily	☐ Fasting plasma glucose / HbA1C
☐ Tdap	☐ Bone Density Test	☐ PAP ☐ HPV
☐ Other:		

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

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

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

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

MA / Nurse Signature	Title	Date

Provider Signature	Title	Date

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

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

21 to 39 Years: Male at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ___lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____

At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

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

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List

☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable

☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

Education (last grade completed): _____

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

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

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

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ / uncircumcised, testes in scrotum Prostate Exam / Rectal	☐

Comprehensive Health Assessment

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

Assessment

Plan

Referrals

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

Orders

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

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

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

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

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

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

40 to 49 Years: Female at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

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

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

Current Medications/Vitamins: ☐ See Medication List
☐ taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP:	G P A	☐ Menorrhagia ☐ Menopause
Hysterectomy	☐ Partial ☐ Total	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Intimate Partner Violence / SDOH 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	
Last Mammogram	Date: ☐ WNL	
Last Colonoscopy	Date: ☐ WNL	

Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History / Date	☐ None	☐ ☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella: ☐ Exempt (DOB < 1980 & non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Breast Cancer	☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: ____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Osteoporosis	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH / Intimate Partner Violence	☐ SDOH, ☐ HITS, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐

Comprehensive Health Assessment

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	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ CXR ☐ Urinalysis
☐ Pneumococcal (if high risk)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Tdap	☐ Rx for folic acid 0.4-0.8mg daily	☐ Fasting plasma glucose ☐ Oral glucose tolerance
☐ Varicella (if not up to date)	☐ gFOBT or Fit ☐ Colonoscopy	☐ HbA1C ☐ Low to moderate dose statin
☐ Zoster (if high risk)	☐ PAP ☐ HPV	☐ Bone Density Test ☐ Mammogram
☐ Other:		

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Skin cancer prevention	☐ Personal development
☐ Mental health (emotional support)	☐ 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

Tobacco Use / Cessation

☐ Never smoked or used tobacco products
☐ Former smoker: # Yrs smoked ____ # Cigarettes smoked/day ____ Quit date ____
☐ Current smoker: # Yrs smoked ____ # Cigarettes smoked/day ____
Type used: ☐ Cigarettes ☐ Chewing tobacco ☐ Vaping products ☐ Other:

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

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

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

40 to 49 Years: Male at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: _____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

Country of Birth: ☐ US ☐ Other: _____

At least 1 parent born in Africa, Asia, Pacific Islands: ☐ Yes ☐ No

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

Chronic Problems/Significant Conditions: ☐ None ☐ See Problem List

☐ Asthma ☐ Cancer ☐ Depression ☐ DM ☐ Dialysis ☐ Heart Disease
☐ HEP B ☐ HEP C ☐ High Cholesterol ☐ HIV ☐ HTN ☐ Liver Disease
☐ Seizures ☐ STI ☐ Uses DME ☐ ≥ 2 ER visits in 12 months
☐ Other:

Functional Limitations (check all that apply): ☐ Unremarkable

☐ Seeing ☐ Hearing ☐ Mobility ☐ Communication ☐ Cognition ☐ Self-care

Current Medications/Vitamins: ☐ See Medication List

Education (last grade completed): _____

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

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

Immunization History / Date	☐ None	☐ See CAIR
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Tdap:
☐ COVID Booster(s):	☐ MMR:	☐ Varicella: ☐ Exempt (DOB < 1980 & non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐

Comprehensive Health Assessment

Genitalia	Grossly normal	☐
Male	Circ/uncircumcised, testes in scrotum Prostate Exam / Rectal	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

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

Name: DOB: MR#:

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

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

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

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

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

Name: DOB: MR#:

50+ Years: Female at Birth	Actual Age: Date:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: ____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

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

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

Current Medications/Vitamins: ☐ See Medication List

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
LMP:	G P A	☐ Menorrhagia ☐ Menopause
Hysterectomy	☐ Partial ☐ Total	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Last PAP/HPV	Date: ☐ WNL	
Last Mammogram	Date: ☐ WNL	
Last Colonoscopy	Date: ☐ WNL	
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)	

Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:
Family History	☐ None	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Hip fracture
☐ 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)	☐ Varicella: ☐ Exempt (non-healthcare worker)
☐ 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)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Breast Cancer	☐ H&P, ☐ Other:	☐	☐
Cervical Cancer	☐ H&P, ☐ Other:	☐	☐
Cognitive Health (Start at 65 yrs old) Score: ___	☐ MINI-COG, ☐ AD8, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: ____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Lung Cancer	☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Osteoporosis	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Screener, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐

Comprehensive Health Assessment

Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Hep C Antibody test (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Chlamydia ☐ Gonorrhea	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza vaccine	☐ HIV (if high risk) ☐ Herpes	☐ PPD skin test ☐ QFT
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ CXR ☐ Urinalysis
☐ Pneumococcal	☐ Rx for folic acid 0.4-0.8mg daily	☐ ECG ☐ COVID 19 test
☐ Tdap	☐ gFOBT or Fit ☐ Colonoscopy	☐ Fasting plasma glucose ☐ Oral glucose tolerance test
☐ Varicella (if not up to date)	☐ PAP ☐ HPV	☐ HbA1C ☐ Low to moderate dose statin

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

☐ Zoster ☐ Hep B Panel (if high risk)	☐ Mammogram ☐ Bone Density Test	☐ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)
☐ Other:		

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ ASA use	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ Mental health (emotional support)	☐ Goals in life	☐ Aging process
☐ Diabetes management	☐ Mindful of daily movements	☐ Work or retirement activities
☐ Sex education (partner selection)	☐ Motor vehicle safety (DUI / no texting & driving)	☐ Family support, social interaction & communication
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt	☐ Self-breast exam
☐ Smoking/vaping use/exposure	☐ Routine dental care	☐ Perimenopause education

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

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

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

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

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

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

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

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

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

☐ Member refused the following screening/orders:

Comprehensive Health Assessment

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

50+ Years: Male at Birth	Actual Age:	Date:	
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Name of Interpreter:		
Intake		**Vital Signs**	
Allergies / Reaction		Temp	
Height		BP	
Weight ☐ Significant loss/gain: _____lbs		Pulse	
BMI Value		Resp	
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		

Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): ☐ Unremarkable

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

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

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

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

Current Medications/Vitamins: ☐ See Medication List

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

Interval History		
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:	
Appetite	☐ Good ☐ Fair ☐ Poor	
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 2 ½ hrs per week w/ 2 days strength training)	
Sexually active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM	
Contraceptive Used	☐ None ☐ Condoms ☐ Other:	
Last Colonoscopy	Date: ☐ WNL	
Social Determinants of Health (SDOH)	☐ WNL-Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing/food/employment/incarceration ☐ Family stressors: mental illness/drugs/violence/abuse	
Current Alcohol / Substance Use	☐ None	☐ Alcohol
☐ Drugs (specify):	☐ IV Drugs-Current ☐ IV Drugs-Past Hx	☐ Other:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease / HTN	☐ Lives/lived with someone HBV+	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Other:
Immunization History / Date	☐ None ☐ See CAIR	☐ Tdap:
☐ COVID #1: ☐ COVID #2:	☐ Influenza:	☐ Zoster:
☐ COVID Booster(s):	☐ MMR: ☐ Exempt (DOB <1957 & non-healthcare worker)	☐ Varicella: ☐ Exempt (non-healthcare worker)
☐ Hepatitis B:	☐ Pneumococcal:	☐ Other:

USPSTF Risk Screener	**Screening Tools Used**	**Low Risk**	**High Risk** (see Plan/ Orders/AG)
Abdominal Aortic Aneurism	☐ H&P, ☐ Other:	☐	☐
Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)	☐ ACEs	☐	☐
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Cognitive Health (Start at 65 yrs old) Score: _____	☐ MINI-COG, ☐ AD8, ☐ Other:	☐	☐
Colorectal Cancer	☐ H&P, ☐ Other:	☐	☐
Depression Score: _____	☐ PHQ2, ☐ PHQ9, ☐ Other:	☐	☐
Diabetes	☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ 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)	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Lung Cancer	☐ H&P, ☐ Other:	☐	☐
Obesity	☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
SDOH	☐ SDOH, ☐ H&P, ☐ Other:	☐	☐
Tobacco Use	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ Other:	☐	☐

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐
Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐

Comprehensive Health Assessment

Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest	Symmetrical, no masses	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal	☐
Male	Circ /uncircumcised, testes in scrotum Prostate Exam / Rectal	☐
Femoral pulses	Present & equal	☐
Extremities	No deformities, full ROM	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

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

Orders

☐ COVID 19 vaccine / booster	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (if high risk)	☐ Hct / Hgb ☐ Lipid panel
☐ Influenza	☐ Chlamydia ☐ Gonorrhea	☐ Low to moderate dose statin
☐ MMR (if not up to date)	☐ HIV (if high risk) ☐ Herpes	☐ PPD skin test ☐ QFT
☐ Pneumococcal	☐ Syphilis ☐ Trichomonas	☐ CXR ☐ Urinalysis
☐ Tdap	☐ gFOBT or Fit ☐ Colonoscopy	☐ ECG ☐ COVID 19 test
☐ Varicella (if not up to date)	☐ Low Dose CT (20-pack year smoking history & currently smoke or have quit within past 15 years)	☐ Fasting plasma glucose ☐ Oral glucose tolerance test
☐ Zoster	☐ AAA Ultrasound (65 to 75 who have ever smoked >100 cigarettes in lifetime)	☐ HbA1C ☐ PSA
☐ Other:		

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

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

Diet, Nutrition & Exercise

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

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development
☐ 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

Tobacco Use / Cessation

☐ Never smoked or used tobacco products

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

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

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

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

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☐ 1 year	☐ RTC PRN	☐ Other:

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