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- 5 to 6 Months Old
- 7 to 9 Months Old
- 12 to 15 Months Old
- 16 to 23 Months Old
- 2 Years Old
- 30 Months Old
- 3 Years Old
- 4 to 5 Years Old
- 6 to 8 Years Old
- 9 to 12 Years Old
- 13 to 16 Years Old
- 17 to 20 Years Old
- 21 to 39 Years Old - Female
- 21 to 39 Years Old - Male
- 40 to 49 Years Old - Female
- 40 to 49 Years Old - Male
- 50+ Years Old - Female
- 50+ Years Old - Male
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## Comprehensive Health Assessment

### Under 1 Month Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Sex at Birth
- ☐ Male
- ☐ Female

#### Accompanied by
- ☐ Mother
- ☐ Father
- ☐ Other:

#### Parent’s Primary Language

#### Interpreter Requested
- ☐ Yes
- ☐ No
- ☐ Refused

#### Name of Interpreter:

#### Intake
<table>
<thead>
<tr>
<th>(See WHO Growth Chart)</th>
<th>Vital Signs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Head Circumference</th>
<th>Temp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>Pulse</td>
</tr>
<tr>
<td>Weight</td>
<td>Resp</td>
</tr>
</tbody>
</table>

#### Allergies / Reaction

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

#### Birth Information
- Birth Weight: _____
- Birth Length: ______
- Gestational Age: ______

#### Delivery:
- ☐ Vaginal
- ☐ C-section

#### Complications:
- ☐ Yes
- ☐ No

#### Country of Birth:
- ☐ US
- ☐ Other: [_____]

#### OB/GYN Provider:

#### Post-Partum Appointment Date:

#### Birth Weight: _____ Birth Length: ______ Gestational Age: ______

#### 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:

### Physical Examination

#### 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
- Supple, no masses, thyroid not enlarged

#### Neck
- Symmetrical, no masses

#### Chest
- Clear to auscultation bilaterally

#### 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

### AAP Risk Screener

#### Screening Tools Used
- Low Risk
- High Risk (see Plan/Orders/AG)

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ PEARLS, Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyadic Behavioral / SDOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SDOH, ☐ PEARLS, H&amp;P, ☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CDC HEP Risk, H&amp;P, ☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPDS, PHQ-9, ☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use / Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SHA, ☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuberculosis Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ TB Risk Assessment, ☐ Other:</td>
</tr>
</tbody>
</table>

### 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

#### Growth and Development

#### Exposure

#### Monitoring

#### Screening Tools

#### Referral

#### Other:

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

- **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

## Plan

## Referrals

- □ WIC
- □ Audiolist
- □ 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:

## 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

## Notes

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

- □ Member/parent refused the following screening/orders:

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Under 1 Month Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### 1 to 2 Months Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Sex at Birth
- □ Male
- □ Female

#### Accompanied by
- □ Mother
- □ Father
- □ Other:

#### Parent’s Primary Language

#### Interpreter Requested
- □ Yes
- □ No
- □ Refused

#### Intake
- □ See WHO Growth Chart

#### Vital Signs
- **Head Circumference:** Temp
- **Length:** Pulse
- **Weight:** Resp

#### Allergies / Reaction

#### Pain
- □ See Medication List

#### 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

#### Feeding History
- □ Breastfed every ________ hours
- □ Formula ________oz every ________ hours
  - □ See Medication List

#### 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
- □ EPDS
- □ PHQ-9
- □ Other:
- □

#### Tobacco Use / Exposure
- □ SHA
- □ Other:
- □

#### Tuberculosis Exposure
- □ TB Risk Assessment
- □ Other:
- □

#### Growth and Development

- □ Prone, lifts head 45º
- □ Vocalizes (cooing)
- □ Grasps rattle

- □ Kicks
- □ Follows past midline
- □ Smiles responsively

#### Subjective / Objective

- □ 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

#### Extremities
- □ No deformities, full ROM

#### Skin
- □ Clear, no significant lesions

#### Neurologic
- □ Alert, no gross sensory or motor deficit

####CMP Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### Assessment

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding / formula</td>
<td>□ No cow’s milk  □ No honey until 1 year old</td>
</tr>
<tr>
<td>Feeding position</td>
<td>□ No bottle in bed  □ Signs of hunger</td>
</tr>
</tbody>
</table>

#### Plan

- 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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### Provider Signature

<table>
<thead>
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<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

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

- □ Member/parent refused the following screening/orders:

1 to 2 Months Old - Page 2 of 2
### Comprehensive Health Assessment

#### 3 to 4 Months Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex at Birth</th>
<th>□ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied by</td>
<td>□ Mother □ Father □ Other:</td>
</tr>
<tr>
<td>Parent’s Primary Language</td>
<td>□</td>
</tr>
<tr>
<td>Interpreter Requested</td>
<td>□ Yes □ No □ Refused Name of Interpreter:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intake</th>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See WHO Growth Chart)</td>
<td>Temp</td>
</tr>
<tr>
<td>Head Circumference</td>
<td>Pulse</td>
</tr>
<tr>
<td>Length</td>
<td>Resp</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Location: 0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Cultural Needs</td>
<td>□ Unremarkable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Weight: ______</th>
<th>Birth Length: ______</th>
<th>Gestational Age: ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery: □ Vaginal □ C-section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications: □ Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Birth: □ US □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery</td>
<td>□ Vaginal □ C-Section</td>
<td></td>
</tr>
<tr>
<td>Complications</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th>Interval History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding: □ Breastfed every ________ hours</td>
<td></td>
</tr>
<tr>
<td>□ Formula ________oz every ________ hours</td>
<td></td>
</tr>
<tr>
<td>Formula Type or Brand:</td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Has WIC</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Sleep</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Sleep Position</td>
<td>□ Supine □ Prone □ Side</td>
</tr>
<tr>
<td>Vaccines Up to Date</td>
<td>□ Yes □ No □ See CAIR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Unremarkable</td>
<td>□ Diabetes</td>
</tr>
<tr>
<td>□ Heart disease / HTN</td>
<td>□ Lives/lived with someone HBV+</td>
</tr>
<tr>
<td>□ Born to HBV+ parents</td>
<td></td>
</tr>
<tr>
<td>□ High cholesterol</td>
<td>□ Cancer</td>
</tr>
<tr>
<td>□ Family Hx of unexpected or sudden death &lt; 50 yrs</td>
<td></td>
</tr>
<tr>
<td>□ Anemia</td>
<td>□ Other:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyadic Behavioral / Social Determinants of Health (SDOH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ WNL - Stable relationships w' social/emotional support</td>
<td></td>
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<tr>
<td>□ Changes in family since last visit (move, job, death)</td>
<td></td>
</tr>
<tr>
<td>□ Problems with housing, food, employment</td>
<td></td>
</tr>
<tr>
<td>□ Family stressors (mental illness, drugs, violence/abuse)</td>
<td></td>
</tr>
<tr>
<td>Lives with</td>
<td>□ 1 Parent □ 2 Parents □ Other:</td>
</tr>
</tbody>
</table>

### AAP Risk Screener

<table>
<thead>
<tr>
<th>Screening Tools Used</th>
<th>Low Risk</th>
<th>High Risk (see Plan/Orders/AG)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>□ PEARLS, □ Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>□ H&amp;P, □ Other:</td>
</tr>
<tr>
<td>Dyadic Behavioral / SDOH</td>
<td>□ SDOH, □ PEARLS, □ H&amp;P, □ Other:</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>□ CDC HEP Risk, □ H&amp;P, □ Other:</td>
</tr>
<tr>
<td>Maternal Depression</td>
<td>□ EPDS, □ PHQ-9, □ Other:</td>
</tr>
<tr>
<td>Tobacco Use / Exposure</td>
<td>□ SHA, □ Other:</td>
</tr>
<tr>
<td>Tuberculosis Exposure</td>
<td>□ TB Risk Screener, □ Other:</td>
</tr>
</tbody>
</table>

### Growth and Development

| □ Head steady when sitting | □ Squeals or coos | □ Orientates to voices |
| □ Eyes follow 180º | □ 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, conjunctiva & 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

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:

3 to 4 Months Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### 5 to 6 Months Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### 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)

<table>
<thead>
<tr>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Circumference</td>
</tr>
<tr>
<td>Temp</td>
</tr>
<tr>
<td>Length</td>
</tr>
<tr>
<td>Pulse</td>
</tr>
<tr>
<td>Weight</td>
</tr>
<tr>
<td>Resp</td>
</tr>
</tbody>
</table>

#### 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: _____

#### 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:

#### Country of Birth:
- □ US
- □ Other:

#### At least 1 parent born in Africa, Asia, Pacific Islands:
- □ Yes
- □ No

#### Current Medications/Vitamins:
- □ See Medication List

#### Interval History

<table>
<thead>
<tr>
<th>Feedings</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Breastfed every _____ hours</td>
</tr>
<tr>
<td>□ Formula _____oz every _____ hours</td>
</tr>
</tbody>
</table>

#### 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:

#### 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-8
- □ Other:

#### Tobacco Use / Exposure
- □ Yes
- □ No

#### Tuberculosis Exposure
- □ Yes
- □ No

#### Growth and Development

<table>
<thead>
<tr>
<th>WNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No head lag when pulled to sitting</td>
</tr>
<tr>
<td>Sits briefly alone</td>
</tr>
<tr>
<td>Orients to bell</td>
</tr>
<tr>
<td>Bears weight on legs</td>
</tr>
<tr>
<td>Rolls both ways</td>
</tr>
<tr>
<td>Bangs small objects on surface</td>
</tr>
<tr>
<td>Reaches for objects</td>
</tr>
<tr>
<td>Gums objects</td>
</tr>
<tr>
<td>Babbles</td>
</tr>
</tbody>
</table>

#### Physical Examination

<table>
<thead>
<tr>
<th>WNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>General appearance</td>
</tr>
<tr>
<td>Well-nourished &amp; developed</td>
</tr>
<tr>
<td>No abuse/neglect evident</td>
</tr>
<tr>
<td>Symmetrical, A.F. open _____ cm</td>
</tr>
<tr>
<td>PERRLA, conjunctivae &amp; sclerae clear</td>
</tr>
<tr>
<td>Red reflexes present, No strabismus</td>
</tr>
<tr>
<td>Appears to see</td>
</tr>
<tr>
<td>Canals clear, TM’s normal</td>
</tr>
<tr>
<td>Appears to hear</td>
</tr>
<tr>
<td>Passages clear, MM pink, no lesions</td>
</tr>
<tr>
<td>Present, grossly normal, No visible cavities</td>
</tr>
<tr>
<td>Oral mucosa pink, no lesions</td>
</tr>
<tr>
<td>Supple, no masses, Thyroid not enlarged</td>
</tr>
<tr>
<td>Symmetrical, no masses</td>
</tr>
<tr>
<td>No organic murmurs, regular rhythm</td>
</tr>
<tr>
<td>Clear to auscultation bilaterally</td>
</tr>
<tr>
<td>Soft, no masses, liver &amp; spleen normal</td>
</tr>
<tr>
<td>Grossly normal</td>
</tr>
<tr>
<td>Circ / uncircumcised, testes in scrotum</td>
</tr>
<tr>
<td>No lesions, normal external appearance</td>
</tr>
<tr>
<td>Good abduction, leg lengths equal</td>
</tr>
<tr>
<td>Femoral pulses Normal</td>
</tr>
<tr>
<td>No deformities, full ROM</td>
</tr>
<tr>
<td>Clear, no significant lesions</td>
</tr>
<tr>
<td>Alert, no gross sensory or motor deficit</td>
</tr>
</tbody>
</table>

#### Courtesy of Anthem Blue Cross. Revised 10/16/23
Subjective / Objective

Assessment

Plan

Referrals

- WIC
- Optometrist / Ophthalmologist
- Audiolist
- 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

Provider Signature

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

□ Member/parent refused the following screening/orders:

5 to 6 Months Old - Page 2 of 2 

Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### 7 to 9 Months Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex at Birth</th>
<th>□ Male  □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied by</td>
<td>□ Mother □ Father □ Other:</td>
</tr>
<tr>
<td>Parent’s Primary Language</td>
<td></td>
</tr>
<tr>
<td>Interpreter Requested</td>
<td>□ Yes □ No □ Refused Name of Interpreter:</td>
</tr>
</tbody>
</table>

### Vital Signs

<table>
<thead>
<tr>
<th>Intake</th>
<th>(See WHO Growth Chart)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Circumference</td>
<td>Temp</td>
</tr>
<tr>
<td>Length</td>
<td>Pulse</td>
</tr>
<tr>
<td>Weight</td>
<td>Resp</td>
</tr>
</tbody>
</table>

### Allergies / Reaction

<table>
<thead>
<tr>
<th>Location:</th>
<th>0 1 2 3 4 5 6 7 8 9 10</th>
</tr>
</thead>
</table>

### Cultural Needs

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

### Birth Weight: _____ Birth Length: _____ Gestational Age: _____

<table>
<thead>
<tr>
<th>Delivery:</th>
<th>□ Vaginal □ C-section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications:</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Country of Birth:</td>
<td>□ US □ Other:</td>
</tr>
</tbody>
</table>

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

### Chronic Problems/Significant Conditions:

□ DM □ Dialysis □ Heart Disease □ HEP B □ HEP C □ HIV

□ Liver Disease □ Seizures □ Uses DME □ ≥ 2 ER visits in 12 months □ Other: □

### Growth and Development

<table>
<thead>
<tr>
<th>Growth and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 1 parent born in Africa, Asia, Pacific Islands:</td>
</tr>
</tbody>
</table>

### Physical Examination

<table>
<thead>
<tr>
<th>Physical Examination</th>
<th>WNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>General appearance</td>
<td>Well-nourished &amp; developed</td>
</tr>
<tr>
<td>Head</td>
<td>Symmetrical, A.F. open cm</td>
</tr>
<tr>
<td>Eyes</td>
<td>PERRLA, conjunctivae &amp; sclerae clear</td>
</tr>
<tr>
<td>Teeth</td>
<td>Present, grossly normal, No visible cavities</td>
</tr>
<tr>
<td>Mouth / Pharynx</td>
<td>Oral mucosa pink, no lesions</td>
</tr>
<tr>
<td>Neck</td>
<td>Supple, no masses, thyroid not enlarged</td>
</tr>
<tr>
<td>Chest / Breast</td>
<td>Symmetrical, no masses</td>
</tr>
<tr>
<td>Heart</td>
<td>No organic murmurs, regular rhythm</td>
</tr>
<tr>
<td>Lungs</td>
<td>Clear to auscultation bilaterally</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Soft, no masses, liver &amp; spleen normal</td>
</tr>
<tr>
<td>Genitalia</td>
<td>Grossly normal</td>
</tr>
<tr>
<td>Male</td>
<td>Circ / uncircumcised, tests in scrotum</td>
</tr>
<tr>
<td>Female</td>
<td>No lesions, normal external appearance</td>
</tr>
<tr>
<td>Hips</td>
<td>Good abduction</td>
</tr>
<tr>
<td>Femoral pulses</td>
<td>Normal</td>
</tr>
<tr>
<td>Extremities</td>
<td>No deformities, full ROM</td>
</tr>
<tr>
<td>Skin</td>
<td>Clear, no significant lesions</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Alert, no gross sensory or motor deficit</td>
</tr>
</tbody>
</table>

### AAP Risk Screener

<table>
<thead>
<tr>
<th>AAP Risk Screener</th>
<th>Screening Tools Used</th>
<th>Low Risk</th>
<th>High Risk (see Plan / Orders/AG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences</td>
<td>□ PEARLS, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Blood Lead Education (At each Well Visit)</td>
<td>□ H&amp;P, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dental (cavities, no dental home)</td>
<td>□ H&amp;P, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Developmental Disorder (At 9 months) Score:</td>
<td>□ ASQ-3, □ SWYC, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dyadic Behavioral / SDOH</td>
<td>□ SDOH, □ PEARLS, □ H&amp;P, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>□ CDC HEP Risk, □ H&amp;P, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Tobacco Use / Exposure</td>
<td>□ SHA, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Tuberculosis Exposure</td>
<td>□ TB Risk Assessment, □ Other:</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Developmental Disorder

<table>
<thead>
<tr>
<th>Developmental Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 1 parent born in Africa, Asia, Pacific Islands:</td>
</tr>
</tbody>
</table>

### Intake

<table>
<thead>
<tr>
<th>Diet / Nutrition</th>
<th>□ Breastfed every ________ hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding Type or Brand:</td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Has WIC</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Sleep</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Sleep Position</td>
<td>□ Supine □ Prone □ Side</td>
</tr>
<tr>
<td>Fluoride Use</td>
<td>Drinks fluoridated water or takes supplements: □ Yes □ No</td>
</tr>
<tr>
<td>Fluoride Varnish</td>
<td>Applied to teeth within last 6 months: □ Yes □ No</td>
</tr>
<tr>
<td>Vaccines Up to Date</td>
<td>□ Yes □ No □ See CAIR</td>
</tr>
<tr>
<td>Family History</td>
<td>□ Unremarkable □ Diabetes</td>
</tr>
<tr>
<td>Heart disease / HTN</td>
<td>□ Lives/lived with someone HBV+</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>□ Cancer □ Family Hx of unexpected or sudden death &lt; 50 yrs</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

### Dyadic Behavioral / Social Determinants of Health (SDOH)

<table>
<thead>
<tr>
<th>Dyadic Behavioral / Social Determinants of Health (SDOH)</th>
<th>□ WNL - Stable relationships w/ social/emotional support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in family since last visit (move, job, death)</td>
<td></td>
</tr>
<tr>
<td>Problems with housing, food, employment</td>
<td></td>
</tr>
<tr>
<td>Family stressors (mental illness, drugs, violence/abuse)</td>
<td></td>
</tr>
<tr>
<td>Lives with</td>
<td>□ 1 Parent □ 2 Parents □ Other:</td>
</tr>
</tbody>
</table>

### Other:

| Country of Birth: | □ US □ Other: |

*Courtesy of Anthem Blue Cross. Revised 10/16/23*
### Subjective / Objective

#### Assessment

<table>
<thead>
<tr>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
</tr>
<tr>
<td>Optometrist / Ophthalmologist</td>
</tr>
<tr>
<td>Dentist</td>
</tr>
<tr>
<td>Dietician / Nutritionist</td>
</tr>
<tr>
<td>CA Children's Services (CCS)</td>
</tr>
<tr>
<td>Regional Center</td>
</tr>
<tr>
<td>Early Start or Local Education Agency</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

#### Plan

### Referrals

- **WIC**
- Optometrist / Ophthalmologist
- Dentist
- Dietician / Nutritionist
- 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
- Whole grains / iron-rich foods
- Finger foods
- Physical activity / exercise
- Healthy food choices
- WIC
- Optometrist / Ophthalmologist
- Audiologist
- Dentist
- Dietician / Nutritionist
- Audiology
- Pulmonologist
- CA Children’s Services (CCS)
- Regional Center
- Early Start or Local Education Agency
- Other:

### 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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

- Member/parent refused the following screening/orders:

  - 7 to 9 Months Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### 12 to 15 Months Old

<table>
<thead>
<tr>
<th>Actual Age</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sex at Birth
- □ Male
- □ Female

#### Accompanied by
- □ Mother
- □ Father
- □ Other: 

#### Parent's Primary Language

#### Interpreter Requested
- □ Yes
- □ No
- □ Refused

#### Complications:
- Lives with
- Health (SDOH)
- Determinants of Social Determinants of Health (SDOH)
- Family History
- Vaccines Up to Date
- Sleep
- Physical Activity
- Has WIC
- Elimination
- Blood Lead Test: Test at 12 months and Educate at each well visit
- Dental (cavities, no dental home)
- Chronic Problems/Significant Conditions:
- Delivery:
- Birth Weight: _____
- Length: _____
- Weight: _____
- Allergies / Reaction
- Pain Location:
- Cultrual Needs (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):
- At least 1 parent born in Africa, Asia, Pacific Islands:
- Chronic Problems/Significant Conditions:
- Country of Birth:
- Cultural Needs:
- At least 1 parent born in Africa, Asia, Pacific Islands:
- Unremarkable

#### Birth Weight: _____  Birth Length: _____  Gestational Age: ______

#### Delivery:
- □ Vaginal
- □ C-section

#### Complications:
- □ Yes
- □ No

#### Country of Birth:
- □ US
- □ Other: 

#### Parent's Primary Language

#### Birth Weight: _____  Birth Length: _____  Gestational Age: ______

#### 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

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>High Risk (see Plan/Orders/AG)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

#### Adverse Childhood Experiences
- □ PEARLS, Other:

#### Anemia
- □ H&F, Other:

#### Blood Lead Test
- □ Lead Assessment, Other:

#### Dental (cavities, no dental home)
- □ H&F, Other:

#### Dyadic Behavioral / Social Determinants of Health (SDOH)
- □ CDC HEP Risk, Other:

#### Hepatitis B
- □ H&F, Other:

#### Tobacco Use / Exposure
- □ SHA, Other:

#### Tuberculosis Exposure
- □ Other:

#### Growth and Development

#### WNL

<table>
<thead>
<tr>
<th>Well-nourished &amp; developed No abuse/neglect evident</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Three-word vocabulary</td>
</tr>
</tbody>
</table>

#### Head
- symmetrical, A.F. open cm

#### Eyes
- PERRLA, conjunctivae & sclerae clear
- Red reflexes present, No strabismus
- Appears to see

#### Ears
- Canals clear, TM's 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

---

** Courtesy of Anthem Blue Cross. Revised 10/16/23 **
### Comprehensive Health Assessment

#### Name: ______________________  DOB: ______________________  MR#: ______________________

#### Subjective / Objective

<p>| | |</p>
<table>
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#### Assessment

<p>| | |</p>
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</tbody>
</table>

#### Plan

**Referrals**

- [ ] WIC
- [ ] Optometrist / Ophthalmologist
- [ ] Entomologist
- [ ] Dentist
- [ ] Dietician / Nutritionist
- [ ] Audiologist
- [ ] Hearing Impaired Specialist
- [ ] Early Start
- [ ] Regional Center
- [ ] Early Start or Local Education Agency
- [ ] CA Children’s Services (CCS)
- [ ] Early Intervention
- [ ] 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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Title</td>
<td>Date</td>
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#### Provider Signature

<p>| | | |</p>
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<tbody>
<tr>
<td></td>
<td>Title</td>
<td>Date</td>
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</table>

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

- [ ] Member/parent refused the following screening/orders:

---

12 to 15 Months Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
Comprehensive Health Assessment

16 to 23 Months Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
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</table>

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:

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:
□ 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/died with someone HBV+
□ Asthma
□ High cholesterol
□ Cancer □ Family Hx of unexpected or sudden death < 50 yrs
□ Anemia □ Other:

Developmental Disorder
□ Autism Disorder (At 18 months) Score: ______
□ Other:

Dyadic Behavioral / Social Determinants of Health (SDOH)
□ Other:
□ 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:

Comprehensive Health Assessment

Name: ___________________________ Date: ___________________________

DOB: ___________ MR#: _______

AAP Risk Screener

<table>
<thead>
<tr>
<th>Screening Tools Used</th>
<th>Low Risk</th>
<th>High Risk (see Plan/Orders/AG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ PEARLS, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SWYC, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ ASQ-3, □ SWYC, □ Other:</td>
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<tr>
<td>□ ASQ-3, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ CDC HEP Risk, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SHA, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ TB Risk Assessment, □ Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 □ Signs from cup, a little spillage

Physical Examination

WNL

General appearance
Well-nourished & developed
No abuse/neglect evident

Head
Symmetrical, A.F. open _______

Eyes
PERL, 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

Medical Record 

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## Comprehensive Health Assessment

### Neurologic
Alert, no gross sensory or motor deficit

### Subjective / Objective

### Plan

### Referrals
- **WIC**
- Optometrist / Ophthalmologist
- Dentist
- Dietician / Nutritionist
- 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)
- 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:

### 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#: 

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:

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

□ Inactive (little or none) □ Some (< 2 ½ hrs/week) □ Active (> 60 min/day)

Physical Activity

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)

□ PEARLS, □ Other:

□ H&P, □ Other:

Autism Disorder □ ASQ-3, □ SWYC, □ M-CHAT, □ Other:

Blood Lead Test □ Lead Assessment, □ H&P, □ Other:

Dental (cavities, no dental home) □ H&P, □ Other:

Developmental Disorder Score: ________

□ ASQ-3, □ SWYC, □ Other:

Dyslipidemia □ H&P, □ Other:

Hepatitis B □ CDC HEP Risk, □ H&P, □ Other:

Tobacco Use / Exposure □ SHA, □ Other:

Tuberculosis Exposure □ 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

After completing the assessment, any observations that have implications for Care Management should be communicated to the parent/guardian or the family. Any issues that need intervention should be discussed with the family. The AAP is encouraged to provide educational materials to the family to support healthy behaviors and address any concerns identified during the assessment.
Comprehensive Health Assessment

<table>
<thead>
<tr>
<th>Subjective / Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitalia</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Hips</td>
</tr>
<tr>
<td>Femoral pulses</td>
</tr>
<tr>
<td>Extremities</td>
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<tr>
<td>Lymph nodes</td>
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<tr>
<td>Back</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Neurologic</td>
</tr>
</tbody>
</table>

**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 (not up to date) □
- MMR (not up to date) □
- Hct / Hgb (if high risk) □
- Hep A vaccine (not up to date) □
- PPSV (if high risk) □
- Lipid panel (if high risk) □
- Hep B vaccine (not up to date) □
- Varicella (2nd Dose) □
- PPD skin test □
- QFT □
- Hib (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 (not up to date) □
- 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**

- 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 / bums □
- 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.) □

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

- Member/parent refused the following screening/orders:

**Provider Signature**

<table>
<thead>
<tr>
<th>MA / Nurse Signature</th>
<th>Title</th>
<th>Date</th>
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<table>
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<th>Title</th>
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2 Years Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
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<td><strong>30 Months Old</strong></td>
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<td><strong>Sex at Birth</strong></td>
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<tr>
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<td><strong>Elimination</strong></td>
</tr>
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<td><strong>Has WIC</strong></td>
</tr>
<tr>
<td><strong>Sleep Pattern</strong></td>
</tr>
<tr>
<td><strong>Vaccines Up to Date</strong></td>
</tr>
<tr>
<td><strong>Family History</strong></td>
</tr>
<tr>
<td>□ Heart disease / HTN</td>
</tr>
<tr>
<td>□ High cholesterol</td>
</tr>
<tr>
<td>□ Anemia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AAP Risk Screener</strong></th>
<th><strong>Screening Tools Used</strong></th>
<th><strong>Low Risk</strong></th>
<th><strong>High Risk</strong> (see Plan/Orders/AG)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse Childhood Experiences</strong></td>
<td>□ PEARLS,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anemia</strong></td>
<td>□ H&amp;P, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Lead Education</strong></td>
<td>□ Lead Assessment,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(At each Well Visit)</td>
<td>□ H&amp;P, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental (cavities, no dental home)</strong></td>
<td>□ H&amp;P, □ Other:</td>
<td></td>
<td></td>
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<tr>
<td><strong>Developmental Disorder</strong></td>
<td>□ ASQ-3, □ SWYC,</td>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td>Score:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dyadic Behavioral / SDOH</strong></td>
<td>□ SDOH, □ PEARLS,</td>
<td>□ □ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>□ CDC HEP Risk,</td>
<td>□ H&amp;P, □ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Tobacco Use / Exposure</strong></td>
<td>□ SHA,</td>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis Exposure</strong></td>
<td>□ TB Risk Assessment,</td>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

| **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 |

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

**Name:**

**DOB:**

**MR#:**

<table>
<thead>
<tr>
<th>Femoral pulses</th>
<th>Normal</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremities</td>
<td>No deformities, full ROM</td>
<td>□</td>
</tr>
<tr>
<td>Skin</td>
<td>Clear, no significant lesions</td>
<td>□</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Alert, no gross sensory or motor deficit</td>
<td>□</td>
</tr>
</tbody>
</table>

#### Subjective / Objective

#### Assessment

#### Plan

#### Referrals

- [ ] WIC
- [ ] Optometrist / Ophthalmologist
- [ ] Audiolist
- [ ] 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
- [ ] OFT
- [ ] IPV
- [ ] Blood Lead (if not in chart)
- [ ] CXR
- [ ] Uralysis
- [ ] 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:

#### 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 / bums
- [ ] 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
- [ ] Toiling 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Provider Signature

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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

- [ ] Member/parent refused the following screening/orders:

### 30 Months Old - Page 2 of 2

*Courtesy of Anthem Blue Cross. Revised 10/16/23*
## Comprehensive Health Assessment

### 3 Years Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### 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)

<table>
<thead>
<tr>
<th>(See CDC Growth Chart)</th>
<th>Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Temp</td>
</tr>
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<td>Weight</td>
<td>BP</td>
</tr>
<tr>
<td>BMI Value</td>
<td>Pulse</td>
</tr>
<tr>
<td>BMI %</td>
<td>Resp</td>
</tr>
</tbody>
</table>

#### 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

#### 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

<table>
<thead>
<tr>
<th>Unremarkable</th>
<th>Diabetes</th>
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<tr>
<td>□ Heart disease / HTN</td>
<td>□ Lives/lived with someone HBV+</td>
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<td>□ High cholesterol</td>
<td>□ Cancer</td>
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| □ 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
- □ PEARLS
- □ Other:

#### Low Risk
- □ High Risk

#### Growth and Development

- □ Unremarkable

#### Physical Examination

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<td>General appearance</td>
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<td>Genitalia</td>
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**Courtesy of Anthem Blue Cross. Revised 10/16/23**
Comprehensive Health Assessment

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<td>No lesions, normal external appearance</td>
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**Assessment**

**Referrals**

- WIC
- Optometrist / Ophthalmologist
- Dentist
- Dietitian / Nutritionist
- CA Children’s Services (CCS)
- Regional Center
- Early Start or Local Education Agency

**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
- 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

**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 / bums
- 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.)

**Notes**

- Member/parent refused the following screening/orders:

3 Years Old- Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
## Comprehensive Health Assessment

### 4 to 5 Years Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td><strong>Sex at Birth</strong></td>
<td></td>
</tr>
<tr>
<td>□ Male</td>
<td>□ Female</td>
</tr>
<tr>
<td><strong>Accompanied by</strong></td>
<td></td>
</tr>
<tr>
<td>□ Mother</td>
<td>□ Father</td>
</tr>
<tr>
<td><strong>Parent's Primary Language</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Interpreter Requested</strong></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td><strong>Name of Interpreter:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Intake</strong></td>
<td><strong>Vital Signs</strong></td>
</tr>
<tr>
<td>(See CDC Growth Chart)</td>
<td></td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td><strong>Temp</strong></td>
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<tr>
<td><strong>Weight</strong></td>
<td><strong>BP</strong></td>
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<td><strong>BMI Value</strong></td>
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<td><strong>Allergies / Reaction</strong></td>
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<tr>
<td><strong>Pain</strong></td>
<td>Location:</td>
</tr>
<tr>
<td></td>
<td>Scale: 0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Hearing Screening</strong></td>
<td>□ Responded at &lt; 25 dBA at 1000-4000 frequencies in both ears</td>
</tr>
<tr>
<td>□ Non coop</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Screening</strong></td>
<td>OD:</td>
</tr>
<tr>
<td>□ Non coop</td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Needs</strong> (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs):</td>
<td>□ Unremarkable</td>
</tr>
<tr>
<td><strong>Birth Weight:</strong></td>
<td>Birth Length:</td>
</tr>
<tr>
<td><strong>Delivery:</strong></td>
<td>□ Vaginal</td>
</tr>
<tr>
<td><strong>Complications:</strong></td>
<td>□ Yes</td>
</tr>
<tr>
<td><strong>Country of Birth:</strong></td>
<td>□ US</td>
</tr>
<tr>
<td>At least 1 parent born in Africa, Asia, Pacific Islands:</td>
<td>□ Yes</td>
</tr>
<tr>
<td><strong>Chronic Problems/Significant Conditions:</strong></td>
<td>□ None</td>
</tr>
<tr>
<td>□ Asthma</td>
<td>□ Cancer</td>
</tr>
<tr>
<td>□ HEP B</td>
<td>□ HEP C</td>
</tr>
<tr>
<td>□ Uses DME</td>
<td>□ ≥ 2 ER visits in 12 months</td>
</tr>
<tr>
<td><strong>Current Medications/Vitamins:</strong></td>
<td>□ See Medication List</td>
</tr>
<tr>
<td><strong>Interval History</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Home</strong></td>
<td>Dental visit within past 12 months:</td>
</tr>
<tr>
<td>Drinks fluoridated water or takes supplements:</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Fluoride varnish applied in last 6 months:</td>
<td>□ Yes</td>
</tr>
<tr>
<td><strong>Diet / Nutrition</strong></td>
<td>□ Regular</td>
</tr>
<tr>
<td><strong>Appetite</strong></td>
<td>□ Good</td>
</tr>
<tr>
<td><strong>Elimination</strong></td>
<td>□ Normal</td>
</tr>
<tr>
<td><strong>Has WIC</strong></td>
<td>□ Yes</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>□ Inactive (little or none)</td>
</tr>
<tr>
<td>□ Some (&lt; 2 ½ hrs/week)</td>
<td>□ Active (&gt; 60 min/day)</td>
</tr>
<tr>
<td>□ Fainting</td>
<td>□ Sudden seizures</td>
</tr>
<tr>
<td><strong>Sleep Pattern</strong></td>
<td>□ Regular</td>
</tr>
<tr>
<td><strong>Vaccines Up to Date</strong></td>
<td>□ Yes</td>
</tr>
<tr>
<td><strong>Family History</strong></td>
<td>□ Unremarkable</td>
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<tr>
<td>□ Heart disease / HTN</td>
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<tr>
<td>□ Anemia</td>
<td>□ Other:</td>
</tr>
<tr>
<td>□ WNL - Stable relationships w/ social/emotional support</td>
<td></td>
</tr>
<tr>
<td>□ Changes in family since last visit (move, job, death)</td>
<td></td>
</tr>
<tr>
<td>□ Problems with housing, food, employment</td>
<td></td>
</tr>
<tr>
<td>□ Family stressors (mental illness, drugs, violence/abuse)</td>
<td></td>
</tr>
<tr>
<td><strong>Dyslipidemia</strong></td>
<td>□ H&amp;P, □ Other:</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>□ CDC HEP Risk,</td>
</tr>
<tr>
<td>□ H&amp;P, □ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Tobacco Use / Exposure</strong></td>
<td>□ SHA,</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis Exposure</strong></td>
<td>□ TB Risk Assessment,</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Growth and Development / School Progress</strong></td>
<td>Grade:</td>
</tr>
<tr>
<td>□ Hops on one foot</td>
<td></td>
</tr>
<tr>
<td>□ Counts four pennies</td>
<td></td>
</tr>
<tr>
<td>□ Copies a square</td>
<td></td>
</tr>
<tr>
<td>□ Catches, throws a ball</td>
<td></td>
</tr>
<tr>
<td>□ Knows opposites</td>
<td></td>
</tr>
<tr>
<td>□ Recognizes 3-4 colors</td>
<td></td>
</tr>
<tr>
<td>□ Plays with several children</td>
<td></td>
</tr>
<tr>
<td>□ Knows name, address, &amp; phone number</td>
<td></td>
</tr>
<tr>
<td>□ Holds crayon between finger and thumb</td>
<td></td>
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<tr>
<td><strong>Physiological Examination</strong></td>
<td><strong>WNL</strong></td>
</tr>
<tr>
<td><strong>General appearance</strong></td>
<td>Well-nourished &amp; developed</td>
</tr>
<tr>
<td>□ Unremarkable</td>
<td></td>
</tr>
<tr>
<td><strong>Head</strong></td>
<td>Symmetrical</td>
</tr>
<tr>
<td>□ PERRLA, conjunctivae &amp; sclerae clear</td>
<td></td>
</tr>
<tr>
<td>□ Red reflexes present, No strabismus Apearrs to see</td>
<td></td>
</tr>
<tr>
<td><strong>Ears</strong></td>
<td>Canal's clear, TMs normal</td>
</tr>
<tr>
<td>□ Appears to hear</td>
<td></td>
</tr>
<tr>
<td><strong>Nose</strong></td>
<td>Passages clear, MM pink, no lesions</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Teeth</strong></td>
<td>No visible cavities, grossly normal</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Mouth / Pharynx</strong></td>
<td>Oral mucosa pink, no lesions</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Neck</strong></td>
<td>Supple, no masses,</td>
</tr>
<tr>
<td>□ Thyroid not enlarged</td>
<td></td>
</tr>
<tr>
<td><strong>Chest / Breast</strong></td>
<td>Symmetrical, no masses</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Heart</strong></td>
<td>No organic murmurs, regular rhythm</td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td><strong>Lungs</strong></td>
<td>Clear to auscultation bilaterally</td>
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<tr>
<td>□ Other:</td>
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<tr>
<td><strong>Abdomen</strong></td>
<td>Soft, no masses, liver &amp; spleen normal</td>
</tr>
<tr>
<td>□ Other:</td>
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</table>

**Comprehensive Health Assessment**

Name: | DOB: | MR#: |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Family History</strong></td>
<td>□ Unremarkable</td>
<td>□ Diabetes</td>
</tr>
<tr>
<td>□ Heart disease / HTN</td>
<td>□ Lives/lived with someone HBV+</td>
<td></td>
</tr>
<tr>
<td>□ High cholesterol</td>
<td>□ Cancer</td>
<td></td>
</tr>
<tr>
<td>□ Anemia</td>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td>□ WNL - Stable relationships w/ social/emotional support</td>
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<td>□ H&amp;P, □ Other:</td>
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<td>□ Other:</td>
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<td>□ CDC HEP Risk,</td>
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</tr>
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</table>

**Physical Examination**

**WNL**

**General appearance**

Well-nourished & developed

**Head**

Symmetrical

**Ears**

PERRLA, conjunctivae & sclerae clear

Red reflexes present, No strabismus Appears to see

**Nose**

Passages clear, TMs normal

**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**

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</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td>Grossly normal</td>
<td>□</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Male</td>
<td>Circ / uncircumcised, testes in scrotum</td>
<td>□</td>
</tr>
<tr>
<td>Female</td>
<td>No lesions, normal external appearance</td>
<td>□</td>
</tr>
<tr>
<td>Hips</td>
<td>Good abduction</td>
<td>□</td>
</tr>
<tr>
<td>Femoral pulses</td>
<td>Normal</td>
<td>□</td>
</tr>
<tr>
<td>Extremities</td>
<td>No deformities, full ROM</td>
<td>□</td>
</tr>
<tr>
<td>Skin</td>
<td>Clear, no significant lesions</td>
<td>□</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Alert, no gross sensory or motor deficit</td>
<td>□</td>
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</tbody>
</table>

**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)
- PPV 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:

### 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 / bums
- □ 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
- □ Toiling 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
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</thead>
</table>

### Provider Signature

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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

- □ Member/parent refused the following screening/orders:

- □ Other:
## Comprehensive Health Assessment

### 6 to 8 Years Old

**Actual Age:**

**Date:**

<table>
<thead>
<tr>
<th>Sex at Birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied By</td>
<td>Self</td>
<td>Parent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent's Primary Language</th>
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</thead>
<tbody>
<tr>
<td>Interpreter Requested</td>
<td>Yes</td>
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</table>

### Intake

**Height**

**Weight**

**BMI Value**

**BMI %**

**Allergies / Reaction**

**Pain**

**Hearing Screening**

**Vision Screening**

**Cultural Needs**

**Country of Birth:**

US | Other: _____________

**Chronic Problems/Significant Conditions:**

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:**

**Location:**

**Scale:**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Responded at ≤ 25 dB at 1000-4000 frequencies in both ears**

**Non coop**

**Non coop**

**Unremarkable**

**Rule(s) and consequences**

**Independence**

**Prints first name**

### 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+**

**Cancer**

**Familial Hx of unexpected or sudden death ≤ 50 yrs**

**Other:**

**ANEMIA**

**HEMP**

**HEP C**

**Cancer**

**≥ 2 ER visits in 12 months**

**Other:**

**Diabetic**

**Hypertensive**

**Chronic problems**

**Significant conditions**

**Lives with**

1 Parent | 2 Parents | Other:

### Physical Examination

**General appearance**

Well-nourished & developed

No abuse/neglect evident

**Head**

No lesions

**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

**Rules and consequences**

**Independence**

**Prints first name**

### AAP Risk Screener

**Screening Tools Used**

**Low Risk**

**High Risk (see Plan/Orders/AG)**

**Adverse Childhood Experiences**

**Anemia**

**Dental (cavities, no dental home)**

**Dyadic Behavioral / SDOH**

**Dyslipidemia**

**Hepatitis B**

**Hepatitis C**

**Liver Disease**

**Diabetes**

**HIV**

**HIV**

**Depression**

**HTN**

**Cancer**

**Heart disease / HTN**

**Family Hx of unexpected or sudden death ≤ 50 yrs**

**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**

### Nutritional Assessment

**Diet / Nutrition**

**Appetite**

**Physical Activity**

**Sleep Pattern**

**Vaccines Up to Date**

**Family History**

**Adverse Childhood Experiences**

**Anemia**

**Dental (cavities, no dental home)**

**Dyadic Behavioral / SDOH**

**Dyslipidemia**

**Hepatitis B**

**Hepatitis C**

**Liver Disease**

**Diabetes**

**HIV**

**HIV**

**Depression**

**HTN**

**Cancer**

**Heart disease / HTN**

**Family Hx of unexpected or sudden death ≤ 50 yrs**

**Other:**

## Physical Examination

**General appearance**

Well-nourished & developed

No abuse/neglect evident

**Head**

No lesions

**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

## Social Determinants of Health (SDOH)

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

**Change in family since last visit (move, job, death)**

**Problems with housing, food, employment**

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

**Change in family since last visit (move, job, death)**

**Problems with housing, food, employment**

## Conducted by: __________________________

Date: __________________________

**Vendor:**

**Name:**

DOB: __________________________

MR#: __________________________
### Subjective / Objective

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Referrals</th>
<th>Orders</th>
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</thead>
<tbody>
<tr>
<td>□</td>
<td>□ Dentist</td>
<td>□ COVID 19 vaccine</td>
</tr>
<tr>
<td>□</td>
<td>□ Optometrist / Ophthalmologist</td>
<td>□ Meningococcal (if high risk)</td>
</tr>
<tr>
<td>□</td>
<td>□ Audiologist</td>
<td>□ CBC / Basic metabolic panel</td>
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<tr>
<td>□</td>
<td>□ Dietician / Nutritionist</td>
<td>□ DTaP (if not up to date)</td>
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<tr>
<td>□</td>
<td>□ Regional Center</td>
<td>□ MMR (if not up to date)</td>
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<tr>
<td>□</td>
<td>□ Early Start or Local Education Agency</td>
<td>□ Hep A (if not up to date)</td>
</tr>
<tr>
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<td>□ CA Children’s Services (CCS)</td>
<td>□ Tdap (&gt;7 yrs)</td>
</tr>
<tr>
<td>□</td>
<td>□ Other:</td>
<td>□ Lipid panel (if high risk)</td>
</tr>
<tr>
<td>□</td>
<td>□ Lead Poisoning Prevention</td>
<td>□ Varicella (if not up to date)</td>
</tr>
<tr>
<td>□</td>
<td>□ Other:</td>
<td>□ Blood Lead (if high risk)</td>
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<td>□ Other:</td>
<td>□ Rx Fluoride drops / chewable tabs (0.50 mg / 1.0 mg QD)</td>
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### 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

- □ 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

<table>
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### Provider Signature

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

- □ Member/parent refused the following screening/orders:

  □ 
  □ 
  □ 

6 to 8 Years Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
## Comprehensive Health Assessment

**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

---

### Intake (See CDC Growth Chart)

#### 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

#### 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
- [ ] 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
- [ ] IV Drugs-Current
- [ ] IV Drugs-Past Hx
- [ ] Other:

---

### Name:

#### 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:
- [ ] SHA, CRAFFT
- [ ] H&P, Other:
- [ ] Anemia
- [ ] H&P, Other:
- [ ] Depression Score:
  - [ ] PHQ-9A
  - [ ] Other:
- [ ] Drug Misuse
  - [ ] SHA, CRAFFT
  - [ ] H&P, Other:
- [ ] Dyadic Behavioral / SDOH
  - [ ] SOOH, PEARLS
  - [ ] H&P, Other:
- [ ] Dyslipidemia
  - [ ] H&P, Other:
- [ ] Hepatitis B
  - [ ] CDC HEP Risk
  - [ ] H&P, Other:
- [ ] HIV
  - [ ] SHA
  - [ ] H&P, Other:
- [ ] Sexually Transmitted Infections
  - [ ] SHA
  - [ ] H&P, Other:
- [ ] Sudden Cardiac Arrest
  - [ ] SCD
  - [ ] H&P, Other:
- [ ] Suicide
  - [ ] ASO, 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

---

** Courtesy of Anthem Blue Cross. Revised 10/16/23 **
### Comprehensive Health Assessment

#### 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
- QFT
- Meningococcal vaccine (11 to 12 yrs)
- HIV (if high risk)
- Herpes
- Urinalysis
- MMR (if not up to date)
- Syphilis
- ECG

### Name:

<table>
<thead>
<tr>
<th>DOB</th>
<th>MR#</th>
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### 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

**Nutritionally Correct Choices**

- Healthy foods
- Diet
- Exercise
- Tobacco cessation strategies

**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

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

- Member/parent refused the following screening/orders:

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9 to 12 Years Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
## Comprehensive Health Assessment

### 13 to 16 Years Old

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
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</table>

**Sex at Birth**
- Male
- Female

**Accompanied By**
- Self
- Parent
- Other:

**Primary Language**
- Yes
- No
- Refused

**Name of Interpreter:**

**Intake**
(See CDC Growth Chart)

**Vital Signs**

- Height
- Weight
- BMI Value
- BMI %
- Temperature
- Pulse
- Respiration

**Allergies / Reaction**

- 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:

**Chronic Problems/Significant Conditions:**
- 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

**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):**

- Menstrual

**Current Alcohol / Substance Use**

- None
- Alcohol

**Drugs (specify):**

- IV Drugs-Current
- IV Drugs-Past Hx
- Other:

---

**Name:**

**DOB:**

**MR#:**

**Family History**

- Heart disease / HTN
- Lives/lived with someone HBV+
- 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:

**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**

- ASO
- 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

---

Courtesy of Anthem Blue Cross. Revised 10/16/23
## 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)**
- 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

**Extremities**
- No deformities, full ROM

**Femoral pulses**
- Normal

**Male**
- Circ / uncircumcised, testes in scrotum

**Female**
- No lesions, normal external appearance

**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
- PPD skin test
- Meningococcal vaccine (if not up to date)
- HIV (if high risk)
- CXR
- MMR (if not up to date)
- Syphilis
- ECG
- Rx Fluoride drops / chewable tabs (0.50 mg/1.0 mg QD)
- Other:

### Anticipatory Guidance (AG) / Education
- 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 behavior
- □ 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

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

BMI Value  
BP

BMI %  
Pulse

Allergies / Reaction

Pain  
Location:  
Scale:  
□ Responded at ≤ 25 dB at 1000-8000 frequencies in both ears  □ Non coop

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

□ Yes  □ Refused

Info given/discussed

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):  
□ P  □ A  □ Menorrhagia

Current Alcohol / Substance Use

□ None  □ Alcohol

□ IV Drugs-Current  □ IV Drugs-Past Hx  □ Other:

□ Drugs (specify):

□ IV Drugs-Past Hx

□ Other:

Family History

□ Unremarkable  □ Diabetes

□ Heart disease / HTN  □ Lives/lived with someone HBV+

□ High cholesterol  □ Cancer  □ Family Hx of unexpected or sudden death < 50 yrs

□ Anemia  □ Other:

Dyadic Behavioral / Social Determinants of Health (SDOH)

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:

□ Other:

Alcohol Misuse

□ SHA, □ CRAFFT, □ H&P, □ Other:

□ Other:

Anemia

□ H&P, □ Other:

□ Other:

Dyslipidemia

□ H&P, □ Other:

□ Other:

Drug Misuse

□ SHA, □ CRAFFT, □ H&P, □ Other:

□ Other:

Dyadic Behavioral / SOHO

□ SOHO, □ PEARLS, □ H&P, □ Other:

□ Other:

Dyslexia

□ H&P, □ Other:

□ Other:

Hep B (Test all 18 yrs and older at least once at earliest opportunity)

□ CDC HEP Risk, □ Other:

□ Other:

Hep C (Test all 18-79 yrs old at least once at earliest opportunity)

□ CDC HEP Risk, □ Other:

□ Other:

HIV (Test all 15-65 yrs old at least once at earliest opportunity)

□ SHA, □ Other:

□ Other:

Sexually Transmitted Infections

□ SHA, □ Other:

□ Other:

Sudden Cardiac Arrest

□ SCD, □ Other:

□ Other:

Suicide

□ ASQ, □ PHQ-9A, □ Other:

□ Other:

Tobacco Use / Exposure

□ SHA, □ Other:

□ Other:

Tuberculosis Exposure

□ TB Risk Assessment, □ Other:

□ Other:

Growth and Development / School Progress

Grade:  

□ Hobbies / work  □ Plays sports  □ Plays / listens to music

□ School achievement / attendance  □ Acts responsibly for self

□ Improved social skills; maintains family relationships  □ Sets goals & works towards achieving them

□ Preparation for further education, career, marriage & parenting

Physical Examination

□ Well-nourished & developed

□ No abuse/neglect evident

□ Head  □ No lesions

□ Eyes  □ PERRLA, conjunctivae & sclerae clear

□ Vision grossly normal

Approved by Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### Subjective / Objective

<table>
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<th>Assessment</th>
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<tbody>
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<td>Ears</td>
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</tr>
<tr>
<td>Nose</td>
</tr>
<tr>
<td>Teeth</td>
</tr>
<tr>
<td>Mouth / Pharynx</td>
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<tr>
<td>Neck</td>
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<tr>
<td>Chest / Breast (females)</td>
</tr>
<tr>
<td>Heart</td>
</tr>
<tr>
<td>Lungs</td>
</tr>
<tr>
<td>Abdomen</td>
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<tr>
<td>Genitalia</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Vaginal exam</td>
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<tr>
<td>Femoral pulses</td>
</tr>
<tr>
<td>Lymph nodes</td>
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<tr>
<td>Back</td>
</tr>
<tr>
<td>Skin</td>
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<tr>
<td>Neurologic</td>
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#### 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 one year >18 yrs)
- CBC / Basic metabolic panel
- Hep B vaccine (if not up to date)
- Hep C Antibody test (at least one year >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
- QFT
- Meningococcal vaccine (if not up to date)
- HIV (if high risk)
- Herpes
- Urinalysis
- MMR (if not up to date)
- Syphilis
- ECG
- Trichomonas
- COVID 19 test
- Tdap
- 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.)

### Next Appointment

- 1 year
- RTC PRN
- Other:

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

- Member/parent refused the following screening/orders:

### MA / Nurse Signature

- Title
- Date

### Provider Signature

- Title
- Date

### Anticipatory Guidance (AG) / Education

- 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)
- Safe sex practices
- 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
- 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

### 17 to 20 Years Old - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
## Comprehensive Health Assessment

### 21 to 39 Years: Female at Birth

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Primary Language

### Interpreter Requested

- Yes
- No
- Refused

#### Name of Interpreter:

### Intake / Vital Signs

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Temp</th>
<th>BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI Value</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale:</td>
</tr>
</tbody>
</table>

### Cultural Needs

- e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs:
- Unremarkable

### Country of Birth

- US
- Other: ___________

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

### Dental Home

- Dental visit within past 12 months: Yes / No

### Advance Directive

- Yes
- Refused

### 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

### Functional Limitations

- Unremarkable

### Current Medications/Vitamins

- See Medication List

### Education (last grade completed): ___________

<table>
<thead>
<tr>
<th>Health education preference:</th>
</tr>
</thead>
</table>
| 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 (< 2½ hrs/week)
- Active (≥ 2½ hrs per week w/ 2 days strength training)

<table>
<thead>
<tr>
<th>LMP:</th>
</tr>
</thead>
</table>
| Pregnant
| 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

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

### 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 CAF

- COVID #1
- COVID #2
- STI

- Hepatitis B
- Pneumococcal:

### USPSTF Risk Screener

### Screening Tools Used

### Low Risk

### High Risk (see Plan / Orders/AG)

#### Adverse Childhood Experiences

- ACEs
- Screen at least once in adulthood at earliest opportunity

#### 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

#### Hep C

- Test all 18-79 yrs old at least once at earliest opportunity

#### HIV

- Test all 15-65 yrs old at least once at earliest opportunity

### 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

#### General appearance

- Well-nourished & developed
- No abuse/neglect evident

#### Head

- No lesions

#### Eyes

- PERRLA, conjunctive & sclerae clear
- Vision grossly normal

#### Ears

- Canals clear
- TMIs 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
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

□ HPV vaccine (if not up to date)  □ Hep C Antibody test (if high risk)  □ Low to moderate dose statin

□ Influenza vaccine  □ Chlamydia  □ PPD skin test

□ Meningococcal vaccine (if not up to date)  □ HIV (if high risk)  □ CXR

□ MMR (if not up to date)  □ Syphilis  □ ECG

□ Pneumococcal (if high risk)  □ Rx for folic acid 0.4-0.8mg daily  □ Fasting plasma glucose / HbA1C

□ Tdap  □ Bone Density Test  □ PAP

□ Other:

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

Diet, Nutrition & Exercise

□ Weight control / obesity  □ Vegetables, fruits  □ Lean protein

□ Whole grains / iron-rich foods  □ Limit fatty, sugary & salty foods  □ Limit candy, chips & ice cream

□ Physical activity / exercise  □ Healthy food choices  □ Eating disorder

Accident Prevention & Guidance

□ Alcohol/drug/substance misuse counseling  □ Avoid risk-taking behavior  □ Independence

□ 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

#### 21 to 39 Years: Male at Birth

<table>
<thead>
<tr>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Primary Language
- [ ] Yes
- [ ] No
- [ ] Refused

#### Interpreter Requested
- [ ] Yes
- [ ] No
- [ ] Refused

#### Name of Interpreter:

#### Intake

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Temp</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>BP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Significant loss/gain: ___ lbs</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

#### Pain
- [ ] Location:
- [ ] Scale: 0 1 2 3 4 5 6 7 8 9 10

#### Family History
- [ ] Substance Use
- [ ] Current Alcohol / Drugs (specify):
- [ ] Chronic Problems/Significant Conditions:
- [ ] Cultural Needs (e.g., cultural background/traditions, religious practices, dietary preference/res restrictions, and healthcare beliefs):
- [ ] Significant loss/gain: ___ lbs
- [ ] Change in family since last visit (move, job, death)

#### Social Determinants of Health (SDOH)
- [ ] Gender: Male
- [ ] Male Circ / uncircumcised, testes in scrotum
- [ ] Age: 21 to 39 Years:
- [ ] Male at Birth: Yes
- [ ] Country of Birth: US
- [ ] At least 1 parent born in Africa, Asia, Pacific Islands: Yes

#### Advance Directive
- [ ] Dental Home: Yes
- [ ] Dental visit within past 12 months: Yes

#### Education (last grade completed):
- [ ] Unremarkable

#### Chronic Problems/Significant Conditions:
- [ ] None
- [ ] See Problem List

#### SDOH
- [ ] Unremarkable

#### Current Medications/Vitamins:
- [ ] See Medication List

#### Interval History

<table>
<thead>
<tr>
<th>Diet / Nutrition</th>
<th>ADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>Low calorie</td>
</tr>
<tr>
<td>Iron-rich foods</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appetite</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>No visible cavities, grossly normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactive (little or none)</td>
<td>弓</td>
</tr>
<tr>
<td>Active (&gt; 2 ½ hrs per week w/ 2 days strength training)</td>
<td>弓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexually Active</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Multiple Partners</td>
</tr>
<tr>
<td>MSM</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Multiple Partners</td>
</tr>
<tr>
<td>None</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Determinants of Health (SDOH)</th>
<th>WNL – Stable relationships w/ social/emotional support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in family since last visit (move, job, death)</td>
<td>弓</td>
</tr>
<tr>
<td>Problems with housing, food, employment, incarceration</td>
<td>弓</td>
</tr>
<tr>
<td>Family stressors (mental illness, drugs, violence/abuse)</td>
<td>弓</td>
</tr>
</tbody>
</table>

#### Current Alcohol / Substance Use
- [ ] None
- [ ] Alcohol

<table>
<thead>
<tr>
<th>Drugs (specify):</th>
<th>IV Drugs-Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Drugs-Past Hx</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family History</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Other:</td>
</tr>
</tbody>
</table>

#### DOB: MR#:

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Immunization History / Date</th>
<th>None</th>
</tr>
</thead>
</table>

| COVID #1: | None |
| COVID #2: | None |
| COVID Booster(s): | None |
| Hepatitis B: | None |
| HEP B | None |
| HEP C | None |
| Hep B (Test all 18 yrs and older at least once at earliest opportunity) | None |
| Hep C (Test all 18-79 yrs old at least once at earliest opportunity) | None |
| HIV (Test all 15-65 yrs old at least once at earliest opportunity) | None |

<table>
<thead>
<tr>
<th>Alcohol Misuse</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Score</td>
<td>None</td>
</tr>
<tr>
<td>Diabetes Misuse</td>
<td>None</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>None</td>
</tr>
<tr>
<td>HIV</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis D</td>
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<td>Hepatitis E</td>
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<td>None</td>
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<td>Hepatitis J</td>
<td>None</td>
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<td>Hepatitis K</td>
<td>None</td>
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<td>Hepatitis L</td>
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<td>Hepatitis U</td>
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<td>Hepatitis V</td>
<td>None</td>
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<tr>
<td>Hepatitis W</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis X</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis Y</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis Z</td>
<td>None</td>
</tr>
</tbody>
</table>

| Drug Misuse | None |
| SDOH | None |
| Tobacco Use | None |
| Tuberculosis Exposure | None |

#### Tuberculosis Exposure
- [ ] TB Risk Assessment

#### SDOH
- [ ] Unremarkable

#### Physical Examination

<table>
<thead>
<tr>
<th>General appearance</th>
<th>Well-nourished &amp; developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>No lesions</td>
</tr>
<tr>
<td>Eyes</td>
<td>PERRILA, conjunctivae &amp; sclerae clear</td>
</tr>
<tr>
<td>Ears</td>
<td>Canals clear, TMs normal</td>
</tr>
<tr>
<td>Nose</td>
<td>Passages clear, MM pink, no lesions</td>
</tr>
<tr>
<td>Teeth</td>
<td>No visible cavities, grossly normal</td>
</tr>
<tr>
<td>Neck</td>
<td>Symmetrical, no masses</td>
</tr>
<tr>
<td>Mouth / Pharynx</td>
<td>Oral mucosa pink, no lesions</td>
</tr>
<tr>
<td>Heart</td>
<td>No organic murmurs, regular rhythm</td>
</tr>
<tr>
<td>Lungs</td>
<td>Clear to auscultation bilaterally</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Soft, no masses, liver &amp; spleen normal</td>
</tr>
<tr>
<td>Genitalia</td>
<td>Grossly normal</td>
</tr>
<tr>
<td>Male</td>
<td>Circ / uncircumcised, testes in scrotum</td>
</tr>
</tbody>
</table>

#### USPSTF Risk Screener

<table>
<thead>
<tr>
<th>Screening Tools Used</th>
<th>Low Risk</th>
</tr>
</thead>
</table>

| Alcohol Misuse | None |
| Depression Score | None |
| Diabetes Misuse | None |
| Dyslipidemia | None |
| Hepatitis B | None |
| Hepatitis C | None |
| Hepatitis A | None |
| Hepatitis D | None |
| Hepatitis E | None |
| Hepatitis F | None |
| Hepatitis G | None |
| Hepatitis H | None |
| Hepatitis I | None |
| Hepatitis J | None |
| Hepatitis K | None |
| Hepatitis L | None |
| Hepatitis M | None |
| Hepatitis N | None |
| Hepatitis O | None |
| Hepatitis P | None |
| Hepatitis Q | None |
| Hepatitis R | None |
| Hepatitis S | None |
| Hepatitis T | None |
| Hepatitis U | None |
| Hepatitis V | None |
| Hepatitis W | None |
| Hepatitis X | None |
| Hepatitis Y | None |
| Hepatitis Z | None |

#### USPSTF Risk Screener
- [ ] ACEs
- [ ] PHQ9
- [ ] PHQ2
- [ ] Other:

#### High Risk
- [ ] Unremarkable

**Comprehensive Health Assessment**

**Name:**

**DOB:**

**MR#:**

---

### 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
- COVID 19 test
- Pneumococcal (if high risk)
- Syphilis
- Trichomonas
- Fasting plasma glucose
- HbA1C

#### Other:

---

#### Anticipatory Guidance (AG) / Education

- 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

#### Diet, Nutrition & Exercise

- Goal to achieve ideal weight
- Limit intake of sugars, fats, and salt
- Increase intake of fruits, vegetables, and whole grains

#### Accident Prevention & Guidance

- Avoid alcohol, drugs, and tobacco
- Wear seat belts
- Use protective equipment
- Practice safe sex
- Avoid dangerous activities

#### 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

- 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:

---

21 to 39 Years Old Male - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
Comprehensive Health Assessment

### 40 to 49 Years: Female at Birth

**Actual Age:** [ ] **DOB:** [ ]

#### Primary Language

- [ ] Yes
- [ ] No
- [ ] Refused

#### Interpreter

- [ ] Yes
- [ ] No
- [ ] Refused

**Name of Interpreter:**

---

#### Intake

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Diet / Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp</td>
<td>Low calorie</td>
</tr>
<tr>
<td>BP</td>
<td>Iron-rich foods</td>
</tr>
<tr>
<td>Pulse</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### BMI Value

- [ ] Unremarkable

#### Cultural Needs

- [ ] Unremarkable

#### Country of Birth

- [ ] US
- [ ] Other:

#### Dental Home

- [ ] Dental visit within past 12 months

#### Advance Directive

- [ ] Yes
- [ ] Refused

#### Chronic Problems/Significant Conditions

- [ ] None
- [ ] See Problem List

#### Current Medications/Vitamins

- [ ] See Medication List
- [ ] Taking 0.4 to 0.8 mg of folic acid daily (for reproductive females)

#### Education

- [ ] Verbal
- [ ] Visual
- [ ] Multimedia
- [ ] Other:

#### Interval History

- [ ] Regular
- [ ] Low calorie
- [ ] ADA
- [ ] Iron-rich foods
- [ ] Other:

- [ ] Good
- [ ] Fair
- [ ] Poor

- [ ] Inactive or none
- [ ] Some (~2 ½ hrs/week)
- [ ] Active (~2 ½ hrs per week w/ 2 days strength training)

- [ ] Menorrhagia
- [ ] Menopause

- [ ] Partial
- [ ] Total

- [ ] Yes
- [ ] No
- [ ] Multiple Partners

#### Intimate Partner Violence / SDOH

- [ ] None
- [ ] Condoms
- [ ] Other:

#### Last PAP/HPV

- [ ] WNL

#### Last Mammogram

- [ ] WNL

#### Last Colonoscopy

- [ ] WNL

---

#### Current Alcohol / Substance Use

- [ ] None
- [ ] IV Drugs-Current
- [ ] IV Drugs-Past Hx
- [ ] Other:

#### Family History

- [ ] None
- [ ] Diabetes

#### Immunization History / Date

- [ ] None
- [ ] See CAIR

#### USPSTF Risk Screener

- [ ] Low Risk
- [ ] High Risk (see Plan/Orders/AG)

- [ ] ACEs
- [ ] Low
- [ ] High

- [ ] CDC HEP Risk
- [ ] Other:

- [ ] CRAFFT
- [ ] Other:

- [ ] SHAP
- [ ] Other:

- [ ] HIV
- [ ] Other:

- [ ] Tdap
- [ ] Other:

- [ ] MMV
- [ ] Other:

#### SDOH / Intimate Partner Violence

- [ ] SDOH
- [ ] HITS
- [ ] Other:

- [ ] TB Risk Screener
- [ ] Other:

#### Physical Examination

- [ ] WNL
- [ ] Well-nourished & developed
- [ ] No abuse/neglect evident
- [ ] No lesions
- [ ] PERRLA, conjunctivae & sclerae clear
- [ ] Hearing grossly normal
- [ ] Canals clear, TMIs normal

---

**Name:**

**DOB:**

**MR#:**

---

**Current Alcohol / Substance Use**

- [ ] IV Drugs-Current
- [ ] IV Drugs-Past Hx

**Family History**

- [ ] Diabetes

**Immunization History / Date**

- [ ] None

**USPSTF Risk Screener**

- [ ] Low Risk
- [ ] High Risk (see Plan/Orders/AG)

**SDOH / Intimate Partner Violence**

- [ ] SDOH
- [ ] HITS
- [ ] Other:

**Physical Examination**

- [ ] WNL
- [ ] Well-nourished & developed
- [ ] No abuse/neglect evident
- [ ] No lesions
- [ ] PERRLA, conjunctivae & sclerae clear
- [ ] Hearing grossly normal

---

**Comprehensive Health Assessment**

- Courtesy of Anthem Blue Cross. Revised 10/16/23
Comprehensive Health Assessment

<table>
<thead>
<tr>
<th>Subjective / Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neurologic</strong></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
</tr>
</tbody>
</table>

### 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
- MMR (if not up to date)
- HIV (if high risk)
- CXR
- Herpes
- Uralysis
- Mumps
- 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
- Bone Density Test
- HPV
- Mammogram
- Other:

#### Anticipatory Guidance (AG) / Education

- **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/substance use 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Provider Signature

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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

- Member refused the following screening/orders:

---

40 to 49 Years Old Female - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
## Comprehensive Health Assessment

<table>
<thead>
<tr>
<th>40 to 49 Years: Male at Birth</th>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Primary Language

- [ ] Yes
- [ ] No
- [ ] Refused

### Interpreter Requested

- [ ] Yes
- [ ] No
- [ ] Refused

#### Name of Interpreter:

### Intake

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>Pulse</td>
</tr>
</tbody>
</table>

#### BMI Value

- [ ] Significant loss
- [ ] Gain: lbs

### Pain

- [ ] Location: Scale: 0 1 2 3 4 5 6 7 8 9 10

#### Cultural Needs

- [ ] 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:

#### Advance Directive

- [ ] Yes
- [ ] Refused

### Chronic Problems/Significant Conditions

- [ ] None
- [ ] See Problem List

#### Family Stressors

- [ ] Mental illness
- [ ] Drugs
- [ ] Violence/abuse

### Changes in family since last visit (move, job, death)

- [ ] None
- [ ] Multiple Partners
- [ ] MSM

### 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:

#### 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

#### Screenings

<table>
<thead>
<tr>
<th>Screening Tools Used</th>
<th>Low Risk</th>
<th>High Risk</th>
<th>Screening Tools (see Plan/Orders/AG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHA, CRAFFT, H&amp;P, Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B (Test all 18 yrs and older at least once at earliest opportunity)</td>
<td>CDC HEP Risk, H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep C (Test all 18-79 yrs old at least once at earliest opportunity)</td>
<td>CDC HEP Risk, H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV (Test all 15-65 yrs old at least once at earliest opportunity)</td>
<td>SHA, H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>H&amp;P, Other</td>
<td></td>
<td></td>
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<tr>
<td>Sexually Transmitted Infections</td>
<td>SHA, H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STD Risk Assessment</td>
<td>H&amp;P, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Risk Assessment</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Examination

#### General appearance

- [ ] Well-nourished & developed
- [ ] No abuse/neglect evident

#### Head

- [ ] No lesions

#### Eyes

- [ ] PERRLA, conjunctivae & sclerae clear
- [ ] Vision grossly normal

#### Ears

- [ ] Canals clear, TM's 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

- [ ] Suptile, 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:**

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

**Immunization History / Date**

- [ ] None
- [ ] See CAIR

**Screening Tools Used**

- [ ] Low Risk
- [ ] High Risk (see Plan/Orders/AG)

**Screening Tools**

- [ ] ACEs
- [ ] SHA, CRAFFT, H&P, Other
- [ ] Colorectal Cancer
- [ ] H&P, Other
- [ ] Depression Score: ________
- [ ] PHQ2, PHQ8, Other
- [ ] Diabetes
- [ ] H&P, Other
- [ ] Drug Misuse
- [ ] SHA, CRAFFT, H&P, Other
- [ ] Dyslipidemia
- [ ] H&P, Other
- [ ] Hep B
- [ ] CDC HEP Risk, H&P, Other
- [ ] Hep C
- [ ] CDC HEP Risk, H&P, Other
- [ ] HIV
- [ ] 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**
- **Head**
- **Eyes**
- **Ears**
- **Nose**
- **Teeth**
- **Mouth / Pharynx**
- **Neck**
- **Chest**
- **Heart**
- **Lungs**
- **Abdomen**

---

*Courtesy of Anthem Blue Cross. Revised 10/16/23*
### Genitalia
- Grossly normal
- Male Circ/circumcised, 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)
- Hep B vaccine (if not up to date)
- Hep C Antibody test (if high risk)
- Influenza vaccine
- Chlamydia
- Gonorrhea
- Low to moderate dose statin
- MMR (if not up to date)
- HIV
- Herpes
- PPD skin test
- Syphilis
- Trichomonas
- Urinalysis
- Pneumococcal vaccine
- Varicella (if not up to date)
- Zoster
- gFOBT or Fit

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

### Anticipatory Guidance (AG) / Education (✓ if discussed)
- Diet, Nutrition & Exercise
  - Weight control / obesity
  - Vegetables, fruits
  - Lean protein
  - Whole grains / iron-rich foods
  - Limit fatty, sugary & salty foods
  - Limit candy, chips & ice cream
  - Physical activity / exercise
  - Healthy food choices
  - Eating disorder

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

### Tobacco Use / Cessation
- Never smoked or used tobacco products
- Former smoker: # Yrs smoked ___ # Cigarettes smoked/day ___ Quit date ___
- Current smoker: # Yrs smoked ___ # Cigarettes smoked/day ___
- Type used: □ Cigarettes □ Chewing tobacco □ Vaping products □ Other:
- Advised to quit smoking
- Discussed smoking cessation medication
- Discussed smoking cessation strategies

### Next Appointment
- 1 year
- RTC PRN
- Other:

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

### MA / Nurse Signature

### Provider Signature

### Notes (include date, time, signature, and title on all entries)
- Member refused the following screening/orders:
## Comprehensive Health Assessment

**50+ Years:**
- Female at Birth
- Actual Age:
- Date:

**Interpretation Language**
- Yes □ No □ Refused
- Name of Interpreter:

### Intake

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>BMI Value</td>
</tr>
<tr>
<td>□ Significant loss/gain: lbs</td>
<td>Pulse</td>
</tr>
<tr>
<td>Pain</td>
<td>Location:</td>
</tr>
<tr>
<td>Scale: 0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

### Cultural Needs
- (e.g., cultural background/traditions, religious practices, dietary preference/restrictions, and healthcare beliefs): □ Unremarkable
- At least 1 parent born in Africa, Asia, Pacific Islands: □ Yes □ No
- Dental Home
  - Dental visit within past 12 months: □ Yes □ No
- Advance Directive
  - Yes □ Refused
- 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

<table>
<thead>
<tr>
<th>Diet / Nutrition</th>
<th>□ Regular □ Low calorie □ ADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Iron-rich foods □ Other:</td>
<td></td>
</tr>
<tr>
<td>Appetite</td>
<td>□ Good □ Fair □ Poor</td>
</tr>
<tr>
<td>□ Inactive (little or none)</td>
<td></td>
</tr>
<tr>
<td>□ Some (&lt; 2 ½ hrs/week)</td>
<td></td>
</tr>
<tr>
<td>□ Active (≥ 2 ½ hrs per week w/ 2 days strength training)</td>
<td></td>
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<tr>
<td>LMP:</td>
<td>□ Menorrhagia □ Menopause</td>
</tr>
<tr>
<td>Hysterectomy: □ Partial □ Total</td>
<td></td>
</tr>
<tr>
<td>Sexually active: □ Yes □ No □ Multiple Partners</td>
<td></td>
</tr>
<tr>
<td>Contraceptive Used: □ None □ Condoms □ Other:</td>
<td></td>
</tr>
<tr>
<td>Last PAP/HPV Date: □ WNL</td>
<td></td>
</tr>
<tr>
<td>Last Mammogram Date: □ WNL</td>
<td></td>
</tr>
<tr>
<td>Last Colonoscopy Date: □ WNL</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

### Name: DOB: MR#:

<table>
<thead>
<tr>
<th>Current Alcohol / Substance Use</th>
<th>□ None</th>
<th>□ Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Drugs (specify): □ IV Drugs-Current □ IV Drugs-Past Hx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td>□ None</td>
<td>□ Diabetes</td>
</tr>
<tr>
<td>□ Heart disease / HTN □ Lives/lived with someone HBV+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hip fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization History / Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ COVID #1: □ See CAIR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ COVID #2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ COVID Booster(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ MMIR; □ Exempt (DOB &lt;1957 &amp; non-healthcare worker)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Varicella; □ Exempt (non-healthcare worker)</td>
<td></td>
<td></td>
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<tr>
<td>□ Hepatitis B: □ Pneumococcal:</td>
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<tr>
<td>USPSTF Risk Screener</td>
<td>Screening Tools Used</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Adverse Childhood Experiences (screen at least once in adulthood at earliest opportunity)</td>
<td>□ ACEs</td>
<td>□</td>
</tr>
<tr>
<td>□ Alcohol Misuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SHA, □ CRAFFT, □ H&amp;P, □ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Breast Cancer</td>
<td></td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
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<td></td>
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<tr>
<td>□ Other:</td>
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<tr>
<td>□ Cervical Cancer</td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
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<td>□ Other:</td>
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<tr>
<td>□ Colorectal Cancer</td>
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<td></td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Depression Score: □ PHQ2, □ PHQ9, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diabetes</td>
<td></td>
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</tr>
<tr>
<td>□ H&amp;P, □ Other:</td>
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<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Drug Misuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SHA, □ CRAFFT, □ H&amp;P, □ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Dyslipidemia</td>
<td></td>
<td></td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hep B (Test all 18 yrs and older at least once at earliest opportunity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ CDC HEP Risk, □ H&amp;P, □ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Other:</td>
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<tr>
<td>□ Hep C (Test all 18-79 yrs old at least once at earliest opportunity)</td>
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<td></td>
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<tr>
<td>□ CDC HEP Risk, □ H&amp;P, □ Other:</td>
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<tr>
<td>□ Other:</td>
<td></td>
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<tr>
<td>□ HIV (Test at 65 yrs old) Score: □ AD8, □ Other:</td>
<td></td>
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<tr>
<td>□ Other:</td>
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<tr>
<td>□ Other:</td>
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<tr>
<td>□ Lung Cancer</td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
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<td>□ Other:</td>
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<td>□ Other:</td>
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<tr>
<td>□ Osteoporosis</td>
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<tr>
<td>□ H&amp;P, □ Other:</td>
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<td></td>
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<td>□ Other:</td>
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<td>□ Other:</td>
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<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Tuberculosis Exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ TB Risk Screener, □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Examination

- WNL

- General appearance: Well-nourished & developed
  - No abuse/neglect evident
- Head: No lesions

*Courtesy of Anthem Blue Cross. Revised 10/16/23*
**Comprehensive Health Assessment**

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

**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 □
- Lipid panel □
- Influenza vaccine □
- HIV (if high risk) □
- Herpes □
- PPD skin test □
- MMR (if not up to date) □
- Syphilis □
- Trichomonas □
- 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#: □

**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 □

**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 □

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

---

50 + Years Old Female - Page 2 of 2

Courtesy of Anthem Blue Cross. Revised 10/16/23
### Comprehensive Health Assessment

#### 50+ Years:

<table>
<thead>
<tr>
<th>Male at Birth</th>
<th>Actual Age:</th>
<th>Date:</th>
</tr>
</thead>
</table>

#### Primary Language

<table>
<thead>
<tr>
<th>Interpreter Requested</th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Interpreter:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Intake

<table>
<thead>
<tr>
<th>Allergies / Reaction</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>Pulse</td>
</tr>
<tr>
<td>BMI Value</td>
<td>Resp</td>
</tr>
</tbody>
</table>

#### Pain

<table>
<thead>
<tr>
<th>Location:</th>
<th>Scale:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

#### Cultural Needs

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

#### Country of Birth

- [ ] US
- [ ] Other: ___________________________

#### Dental Home

- [ ] Dental visit within past 12 months: [ ] Yes [ ] No

#### Advance Directive

- [ ] Info Given/Discussed: [ ] Yes [ ] Refused

#### Chronic Problems/Significant Conditions

- [ ] 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

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

#### Current Medications/Vitamins

- [ ] Current Medications/Vitamins: [ ] See Medication List

#### Education (last grade completed):

- [ ] Education (last grade completed): ___________________________

#### Interval History

<table>
<thead>
<tr>
<th>Diet / Nutrition</th>
<th>Low calorie</th>
<th>ADA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Iron-rich foods</td>
<td>Other:</td>
</tr>
</tbody>
</table>

#### 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

#### 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

- [ ] PHQ2 [ ] PHQ8 [ ] Other: ___________________________

#### Colorectal Cancer

- [ ] H&P [ ] Other: ___________________________

#### Depression

- [ ] PHQ2 [ ] PHQ8 [ ] Other: ___________________________

#### Diabetes

- [ ] H&P [ ] Other: ___________________________

#### Drug Misuse

- [ ] SHA [ ] CRAFFT [ ] H&P [ ] Other: ___________________________

#### Dyslipidemia

- [ ] H&P [ ] Other: ___________________________

#### Hep B

- [ ] CDC HEP Risk [ ] H&P [ ] Other: ___________________________

#### Hep C

- [ ] CDC HEP Risk [ ] H&P [ ] Other: ___________________________

#### HIV

- [ ] 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

- [ ] 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

### Courtesy of Anthem Blue Cross. Revised 10/16/23
Comprehensive Health Assessment

<table>
<thead>
<tr>
<th>Subjective / Objective</th>
<th>Name:</th>
<th>DOB:</th>
<th>MR#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth / Pharynx:</td>
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<tr>
<td>Neck:</td>
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<tr>
<td>Chest:</td>
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<tr>
<td>Heart:</td>
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<td>Lungs:</td>
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<tr>
<td>Abdomen:</td>
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<td></td>
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<tr>
<td>Genitalia:</td>
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<tr>
<td>Neurologic:</td>
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</tbody>
</table>

### Assessment

### Plan

### Referrals

- Dentist
- Optometrist / Ophthalmologist
- Dietician / Nutritionist
- Drug / ETOH Tx rehab
- Behavioral health
- Tobacco cessation class

### Orders

- COVID 19 vaccine / booster
- Hep B vaccine (if not up to date)
- Influenza
- MMR (if not up to date)
- Pneumococcal
- Tdap
- Varicella (if not up to date)
- Zoster

### Anticipatory Guidance (AG) / Education

- Weight control / obesity
- Whole grains / iron-rich foods
- Physical activity / exercise
- Tobacco Use / Cessation
- Accident Prevention & Guidance
- Diet, Nutrition & Exercise
- Tobacco Use / Cessation
- Acupuncture

### 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 ___

### 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

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
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</table>

### Provider Signature

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
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</thead>
</table>

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

- Member refused the following screening/orders:

- COVID 19 vaccine / booster
- Hep B vaccine (if not up to date)
- Influenza
- MMR (if not up to date)
- Pneumococcal
- Tdap
- Varicella (if not up to date)
- Zoster

- Other: