HEALTH SCREENING

Patient Name_____

MR #_____

PCP		Specialist	
Name		**Name**	
Address		**Address**	
Phone		**Phone**	
Date of last contact with client's health care provider ___/___/____ or don't know			
Date of last physical exam? ___/___/____ or don't know			
Date of upcoming appointments: ___/___/____ Pharmacy name_____ Phone _____			
On scale from 1-10 is the client experiencing any physical pain today? _____			
Where is the pain_____ What helps with the pain_____			
Have you seen a Dr for the pain_____ At what pain level can you tolerate/ live _____			

Health History *Please circle all that pertain.*
Ht_____Wt _____ BMI_____ B/P _____T_____ P _____ R _____
Skin: rashes, lumps, dryness, itching, open wounds, describe_____ draining wounds, describe_____ Comments:
Eyes: impaired vision, blind, cataracts, glaucoma, glasses, prosthesis R L: date of last eye exam_____, name of provider_____ Comment:
Ears, Throat: hard of hearing, hearing aids, deaf, date of last hearing test_____, name of provider _____, tracheotomy, problems with speech, problems with teeth or gums, date of last dental exam_____, name of dentist_____ Comment:
Respiratory system: pain, dyspnea, wheeze, asthma, sinusitis, COPD, chronic bronchitis, cough, O2 Comment:
Circulatory system: HTN, angina, history MI, CHF, pacer, bypass, dysrhythmias, edema, stress test_____ Comment:
Endocrine system: thyroid (hyper) (hypo), NIDDM, IDDM, date of last metabolic syndrome screening _____ Comment:
GI: heartburn, ulcers, pain, hernia, dysphasia, nausea, vomiting, appetite, recent weight loss, weight gain, hepatitis, GERD, Colonoscopy _____, Hemoccult _____, special diet, # of meals q D_____, is there enough money to buy food, difficulties with food/nutrition Comment:
Elimination: frequency of BM's, change in bowel habits, rectal bleeding, tarry stools, diarrhea, constipation, habitual use of laxatives Comment:

GU: incontinence, nocturia, hematuria, dysuria, frequency, burning, catheter Comment:

Neurological: fainting, blackouts, seizures, weakness, paralysis, numbness, tingling, tremors, involuntary movement, hx of concussion Comment:

Musculoskeletal: muscle or joint pain, stiffness, arthritis, gout, backache, amputations Comment:

Sexual development:
Male: hernia, penile discharge, testicular pain, history STD, precautionary measures, PSA_____ Comment:

Female: date of last menstrual cycle: _____, post-menopausal, discharge, itching, sores, lumps, history STD, birth control &/or precautionary measures, hysterectomy, C-section, last pap smear _____, last mammogram _____, bone density _____-
Comments:

Allergies:	**Reactions:**
Medication	
Foods	
Environment	

Hospitalization: (psychiatric, diabetes complications, surgery etc.)

Emergency Room visits (last 3 months):

Surgical hx:

Medication /supplements	Dose	Route	How often		Ordering Physician

May add medication list or Cyberaccess report if available or if additional space needed

RISK FACTORS REVIEWED	
Tobacco use Yes/No	Type:
Hx of tobacco use:	
How much	For how long

# of times you quit	What worked?
Do you want to add stop smoking interventions to your treatment plan Yes/ No	
Exercise Yes/No	Type:
How much	Are you satisfied with your exercise program?

Family hx:	
Cardiovascular disease/ HTN	
High cholesterol	
Diabetes	
Cancers	
Hepatitis	
Other	

HEALTH MAINTENANCE (enter date, or WS for "will schedule")						
Immunizations	DTaP (Td)	Influenza	Pneumovax	Hep.A	Polio	Varicella
	MMR	Hep B	Ck age appropriate immunization schedule			

Read: 'We've talked about a lot about you. What do you think are the 2-3 most important issues? We'll pick one to work on for right now.'

Notes_____

_____

_____

_____

_____

Level of satisfaction with health status (Choose one):

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

What is pts health care priority? _____

Has the client experienced any signs and symptoms in the last 30 days? _____

If yes, please explain: _____

SUMMARY: MEDICAL ASSESSMENT (Choose one)

☐ Client has critical, unmet medical needs. Immediate intervention is needed.

☐ Client has unmet medical needs, but they are not critical. There is a need for intervention, but the need is not immediate at this time.

☐ Client does not have unmet medical needs. No need for intervention at this time.

Barriers to Drug Adherence (Check all that apply)

☐ Depression / mental health	☐ Undisclosed HIV status	☐ Works outside the home
☐ Side effects	☐ Alcohol and drug use/abuse	☐ Lack of information
☐ Care giving responsibilities	☐ Lack of social support	☐ Difficulty getting refills
☐ Doubts medication effectiveness	☐ Lack of regular schedule	☐ Needs assistance with ADLs
☐ Taste of medication	☐ Size of pills	☐ Number of pills
☐ Financial Constraints	☐ Religious Beliefs	☐ Transportation issues

SUMMARY: DRUG ADHERENCE ASSESMENT (Choose one)

☐ Client lacks understanding of medication regimen and has several barriers which make adherence difficult. Immediate intervention is needed.

☐ Client has minimal understanding of medication regimen and some barriers which make adherence more difficult to manage. There is a need for intervention within the month.

☐ Client has an adequate understanding and support to maintain medication adherence. No intervention s needed.

Perception of client's readiness for changing behavior:_____

Medical need

_____

_____

_____

Medical / drug adherence _____

_____

_____

Services client may need and is eligible for _____

_____

_____

_____Patient Signature

_____Care Manager Signature

_____Date of assessment

	Baseline	Subsequent Values						
Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Height (in) _____								
Weight (lbs)								
BMI (kg/m2)								
Waist Circumference								

BMI Monitoring

BMI ↑ 25 - overweight BMI ↑ 30 - obese

Waist Circumference Monitoring

Females ↓35" or Men ↓ 40" with in normal limits

Females ↑ 35" or Men ↑40 " - predibetic risk factor

	Baseline	Subsequent Values						
Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Blood Pressure (mmHg)								
Manual/Automated	M/A	M/A	M/A	M/A	M/A	M/A	M/A	M/A

Blood Pressure Monitoring

Normal -BP 120/80 and below, Prehypertension - BP 120/80 - 139/89, Hypertension - 140/90 and above

	Baseline	Subsequent Values						
Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Plasma Glucose (mg/dl)								
Fasting - Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
and/or Hgb A1c								

Fasting Plasma Glucose and/or Hgb A1c

FPG ↓100 mg/dl or Hgb A1c ↓ 6.0 within normal limits

FPG 100 - 125 mg/dl is indicative of prediabetes

Observe the patient for s/s of diabetes i.e.: wt gain (increase or decrease), polyuria or polydipsia.

FPG ↑126 mg/dl or Hgb A1c ↑ 6.1 - indicates diabetic state

	Baseline	Subsequent Values						
Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Total Cholesterol (mg/dl)								
LDL (mg/dl)								
HDL (mg/dl)								
Triglycerides (mg/dl)								

Lipid Panel Monitoring

LDL ↓ 130 mg/dl, HDL ↑40 mg/dl &/or Triglycerides ↓150 mg/dl within normal limits

LDL ↑130 mg/dl, HDL ↓40 mg/dl &/or Triglycerides ↑ 150 mg/dl at risk for hyperlipidemia

Taking antipsychotic?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Pregnant?	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U
Smoker?	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U
Patient refused	Date __/__/__		Requested order from outside provider				Date __/__/__	

Recommended Adult Immunization Schedule

UNITED STATES · 2011

Note: These recommendations *must* be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Recommended adult immunization schedule, by vaccine and age group

VACCINE ▼ / AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Influenza[1,*]	1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap)[2,*]	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Varicella[3,*]	2 doses				
Human papillomavirus (HPV)[4,*]	3 doses (females)				
Zoster[5]				1 dose	
Measles, mumps, rubella (MMR)[6,*]	1 or 2 doses		1 dose		
Pneumococcal (polysaccharide)[7,8]	1 or 2 doses				1 dose
Meningococcal[9,*]	1 or more doses				
Hepatitis A[10,*]	2 doses				
Hepatitis B[11,*]	3 doses				

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at http://www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. Information about filing a claim for vaccine injury is available through the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination also is available at http://www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Vaccines that might be indicated for adults based on medical and other indications

INDICATION ▶ / VACCINE ▼	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV])[3,5,6,13]	HIV infection[3,6,12,13] CD4+ T lymphocyte count <200 cells/μL	HIV infection[3,6,12,13] CD4+ T lymphocyte count ≥200 cells/μL	Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia[12] (including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Healthcare personnel
Influenza[1,*]	1 dose TIV annually								1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap)[2,*]	Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs							
Varicella[3,*]	Contraindicated			2 doses					
Human papillomavirus (HPV)[4,*]	3 doses through age 26 yrs								
Zoster[5]	Contraindicated			1 dose					
Measles, mumps, rubella (MMR)[6,*]	Contraindicated			1 or 2 doses					
Pneumococcal (polysaccharide)[7,8]		1 or 2 doses							
Meningococcal[9,*]	1 or more doses								
Hepatitis A[10,*]	2 doses								
Hepatitis B[11,*]				3 doses					

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2011. For all vaccines being recommended on the adult immunization schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/pubs/acip-list.htm).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Footnotes

Recommended Adult Immunization Schedule—UNITED STATES · 2011

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit www.cdc.gov/vaccines/pubs/ACIP-list.htm.

1. Influenza vaccination

Annual vaccination against influenza is recommended for all persons aged 6 months and older, including all adults. Healthy, nonpregnant adults aged less than 50 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (FluMist), or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults aged 65 years and older can receive the standard influenza vaccine or the high-dose (Fluzone) influenza vaccine. Additional information about influenza vaccination is available at http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm.

2. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Administer a one-time dose of Tdap to adults aged less than 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters, and as soon as feasible to all 1) postpartum women, 2) close contacts of infants younger than age 12 months (e.g., grandparents and child-care providers), and 3) healthcare personnel with direct patient contact. Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated. Other adults aged 65 years and older may receive Tdap. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.

Adults with uncertain or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses. Substitute a one-time dose of Tdap for one of the doses of Td, either in the primary series or for the routine booster, whichever comes first.

If a woman is pregnant and received the most recent Td vaccination 10 or more years previously, administer Td during the second or third trimester. If the woman received the most recent Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period. At the clinician's discretion, Td may be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap may be administered instead of Td to a pregnant woman after an informed discussion with the woman.

The ACIP statement for recommendations for administering Td as prophylaxis in wound management is available at http://www.cdc.gov/vaccines/pubs/acip-list.htm.

3. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or a second dose if they have received only 1 dose, unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., healthcare personnel and family contacts of persons with immunocompromising conditions) or 2) are at high risk for exposure or transmission (e.g., teachers; child-care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for healthcare personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a healthcare provider (for a patient reporting a history of or having an atypical case, a mild case, or both, healthcare providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on diagnosis or verification of herpes zoster by a healthcare provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.

4. Human papillomavirus (HPV) vaccination

HPV vaccination with either quadrivalent (HPV4) vaccine or bivalent vaccine (HPV2) is recommended for females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, and 18, all of which HPV4 prevents) or any of the two HPV vaccine types (types 16 and 18, both of which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, because these conditions are not evidence of previous infection with all vaccine HPV types.

HPV4 may be administered to males aged 9 through 26 years to reduce their likelihood of genital warts. HPV4 would be most effective when administered before exposure to HPV through sexual contact.

A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for persons with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent.

5. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a previous episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

6. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease. For rubella, documentation of provider-diagnosed disease is not considered acceptable evidence of immunity.

Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g. persons who are working in a healthcare facility) should be revaccinated with 2 doses of MMR vaccine.

Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.

Healthcare personnel born before 1957: For unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should 1) consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps) and 1 dose of MMR vaccine (for rubella), and 2) recommend 2 doses of MMR vaccine at the appropriate interval during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella. Complete information about evidence of immunity is available at http://www.cdc.gov/vaccines/recs/provisional/default.htm.

7. Pneumococcal polysaccharide (PPSV) vaccination

Vaccinate all persons with the following indications:

Medical: Chronic lung disease (including asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases; cirrhosis; chronic alcoholism; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunocompromising conditions (including chronic renal failure or nephrotic syndrome); and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other: Residents of nursing homes or long-term care facilities and persons who smoke cigarettes. Routine use of PPSV is not recommended for American Indians/Alaska Natives or persons aged less than 65 years unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for American Indians/Alaska Natives and persons aged 50 through 64 years who are living in areas where the risk for invasive pneumococcal disease is increased

8. Revaccination with PPSV

One-time revaccination after 5 years is recommended for persons aged 19 through 64 years with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions. For persons aged 65 years and older, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination.

9. Meningococcal vaccination

Meningococcal vaccine should be administered to persons with the following indications:

Medical: A 2-dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies. Adults with HIV infection who are vaccinated should also receive a routine 2-dose series. The 2 doses should be administered at 0 and 2 months.

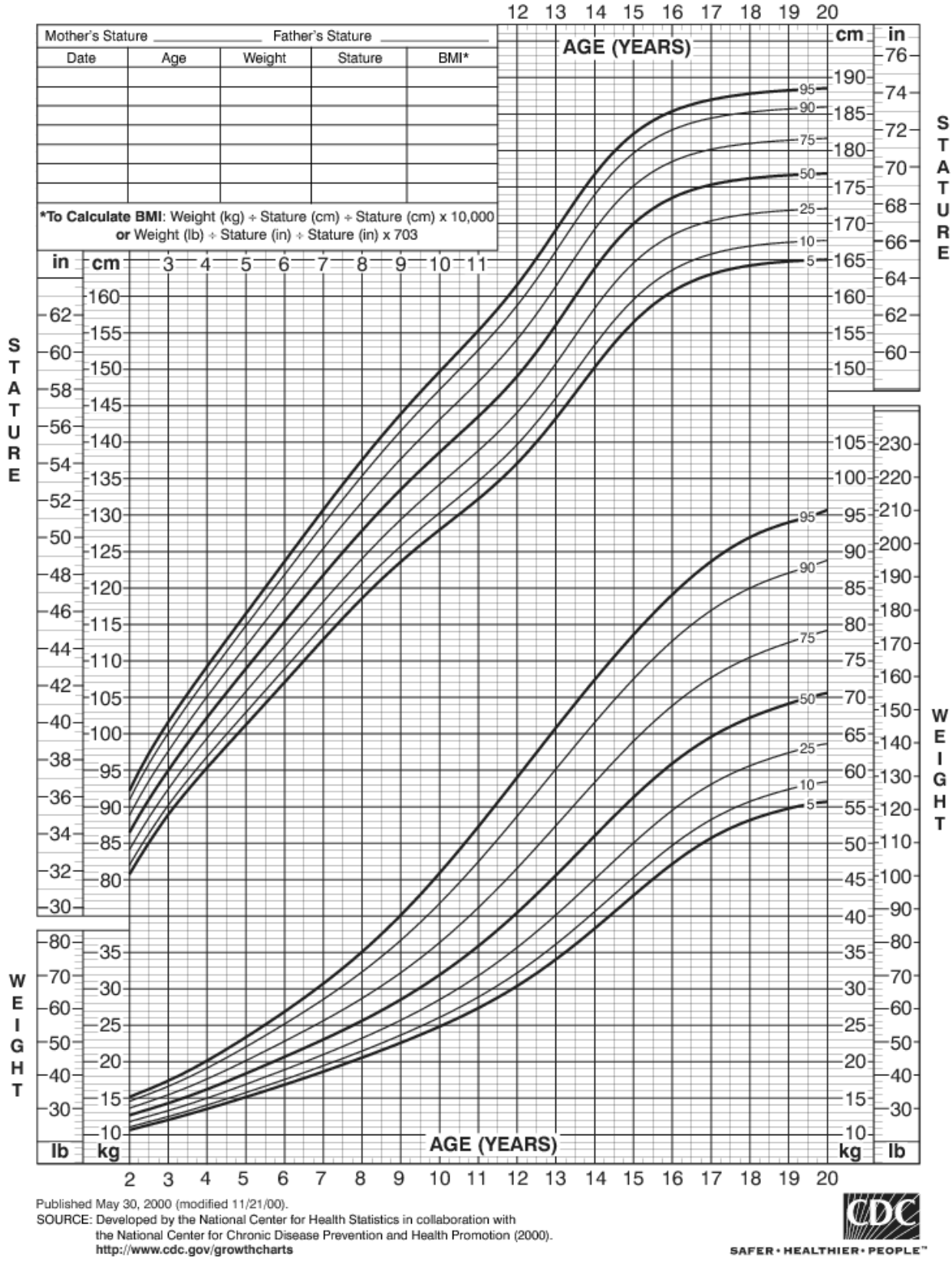
Other: A single dose of meningococcal vaccine is recommended for unvaccinated first-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December through June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine, quadrivalent (MCV4) is preferred for adults with any of the preceding indications who are aged 55 years and younger; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged 56 years and older. Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia, or persistent complement component deficiencies).

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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Add girls growth chart 2-20 yrs