Health Assessment
Preventive Care Visit

1. Personal Information	
Patient Name	
Date of Service	
Contract #	
PCP Name	
Rendering NPI #	
Date of Birth	
Billing NPI #	
Billing Provider Address:	

2. Vital Signs

B/P _____ / _____RR: _____ P: _____ T: _____
Weight: _____ Height: _____

3. Body Mass Index

BMI:_____ ☐ Underweight ☐ Normal ☐ Overweight ☐ Obesity ☐ Severe Obesity Morbid Obesity

4. Allergies

A. B. C.	Allergies to medicine ☐ Yes ☐ No	Specify:

5. Physical Examination (mark one option for each item):	Normal (WNL)	Abnormal, specify:
A. General Appearance	☐	☐
B. HEENT	☐	☐
C. Heart	☐	☐
D. Lungs	☐	☐
E. Abdomen	☐	☐
F. Extremities	☐	☐
G. Neurologic	☐	☐

6. Medical Diagnosis (mark one option for each item and describe treatment for each present condition):

	Present	Treatment
A. Existing Medical Diagnoses (present conditions with current signs, symptoms, and treatment)	☐ Diabetes Mellitus Type:	
	☐ HTN	
	☐ Dyslipidemia	
	☐ Hypothyroidism	
	☐ COPD	
	☐ CKD	
	☐ GERD/Gastritis (circle one)	
	☐ Others:	

B. Surgical Procedure History (include the 5 most recent surgical procedures)

Procedure Description:

C. Recent Hospitalization History (include the last 5 hospitalizations)

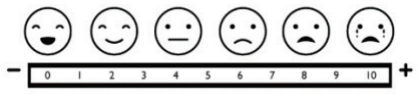
Principal Diagnosis Description:

Physician Signature
MD

Patient Name:	Contract #:	Date of Birth:	Date of Service:

D. Medical History (select the conditions that apply)		
1. Family	Please select the conditions that have been present in your family:	☐ Stroke ☐ MI ☐ DM ☐ Dementia ☐ Behavioral Disorders ☐Cancer, specify: ☐ Other, specify:
2. Personal	Please select the conditions that you previously had:	☐ Stroke ☐ Old MI ☐ DM ☐ HTN ☐ Dyslipidemia ☐ Hypothyroidism ☐ Cancer, specify: ☐ Other, specify:

7. Behavioral Assessment		
A. Physical Activity	1. How many days a week do you usually exercise?	☐ 0 days ☐ 1-2 days ☐ 3 or more days
	2. How intense is your typical exercise?	☐ Light ☐ Moderate ☐ Vigorous ☐ Currently not exercising
B. Nutrition	1. Do you normally consume fruits and vegetables daily?	☐ YES ☐ NO
	2. Do you consume fried or high saturated-fat foods daily?	☐ YES ☐ NO
	3. Do you consume sugar-sweetened (not diet) beverages daily?	☐ YES ☐ NO
	4. Do you follow a low sodium diet?	☐ YES ☐ NO
C. Smoking	1. Do you smoke or vape?	☐ YES ☐NO
	If yes, are you in a smoking cessation program?	☐ YES ☐ NO
D. Drug dependence:	1. Is the patient drug dependent? (Substances that either stimulate or inhibit the central nervous system or cause hallucinogenic effects, such as: cocaine, amphetamines, marijuana, heroin, sedative-hypnotics, or LSD)	☐ Yes, specify drug type: ☐ No
	a. Is patient on methadone or another drug treatment?	☐ YES ☐ NO
	1. Does the patient have moderate to severe stimulant dependence? (The condition is to be reported only when the psychoactive substance use is associated with a physical, mental, or behavioral disorder)	☐ Yes, specify drug type: ☐ No
	a. Is patient being treated for stimulant dependence?	☐ Yes, specify drug type: ☐ No
E. Cannabis	☐ YES ☐ NO, specify frequency:	

8. Pain Assessment	
A. Assessment	☐ No pain ☐ Pain with treatment ☐ Pain without treatment
B. Severity of pain (if in pain, please select the severity)	
C. Opioid dependence? ☐ YES, specify opioid: _____ ☐ NO	
a. Is patient under opioid dependence treatment? ☐YES, specify: _____ ☐NO	

9.Test, Studies, Laboratory Results

Preventive Care Test	Test Done		N /A	Date (MM/DD/AAAA)	Result	
	Yes	No			POS	NEG
Mammogram: yearly in women aged 40-55, every two years in women 55 and over (ACS)						
Breast risk-reducing drugs: women with increased risk of breast cancer and low risk of side effects Adverse Medication (ACS 2020)						
Cervical cancer evaluation: woman <21 years with HIV, cytology cervical in women 21-29 years (exam every 3 years unless abnormal results), women ages 30-65 cervical cytology (exam every 3 years unless you have abnormal results) Women older than 65 years and results negatives from previous screening tests suspend detection. Women who have a total hysterectomy and never had CIN 2 detection should be stopped. Women with a hx. of cervical cancer, HIV, immunocompromised or exposed to diethylethylbestrol in utero need more frequent screening (USPSTF 2018) (ACOG)						
Osteoporosis: Women ≥65 & women <65 at risk of osteoporotic fractures (USPSTF)						

Physician Signature
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Patient Name	Contract #	Date of Birth	Date of Service

Preventive Care Test	Test Done		N /A	Date (MM/DD/AAAA)	Result	
	Yes	No			POS	NEG
Pregnancy: detection of asymptomatic bacteriuria; Hepatitis B test at first prenatal visit; HIV test and retest based on high risk factors; Refer to pregnant or postpartum women at increased risk of depression an intervention counseling (USPSTF 2019)						
Folic acid: all women who are planning or capable of pregnancy should take a daily supplement containing 0.4-0.8mg of folic acid. (USPSTF 2017)						
Prostate cancer evaluation: Men of average age ≥ 40 years with more than one first-degree relative who had cancer of the prostate at a young age, men of average age ≥ 50 years who expect to live at least 10 more years (ACS)						
Colorectal Cancer Screening: Screen all adults aged 45-75 years with: FOBT, or FIT yearly, or FIT-DNA every 1-3 years, or computed tomography colonography every 5 years, or flexible sigmoidoscopy every 5 years, or flexible sigmoidoscopy every 10 years with FIT annually, or colonoscopy every 10 years, or CT colonography every 5 years. Selectively screen adults aged 76-85 years. (USPSTF 2021)						
Lung Cancer: Annual Chest CT for people 55-80 years who have a 20-year hx. of smoking "pack-years" and currently smoke or quit in the past 15 years (USPSTF 2021)						
Type 2 diabetes screening: in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. Consider screening at an earlier age if the patient is from a population with a disproportionately high prevalence of diabetes (American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Black, Hispanic/Latino) Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels. (USPSTF 2021)						
Cholesterol test: all adults 20 or older have their cholesterol and other traditional risk factors checked every four to six years as long as their risk remains low. (AHA 2020)						
Abdominal aortic aneurysm: once ultrasonography, men ages 65-75 who have ever smoked (USPSTF 2019)						
Statins: prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. Selectively offer in this group if estimated 10-year risk of a cardiovascular event is of 7.5% to less than 10%. (USPSTF 2022)						
Aspirin: The decision to initiate low-dose aspirin use for the primary prevention of CVD in adults aged 40 to 59 years who have a 10% or greater 10-year CVD risk should be an individual one. Evidence indicates that the net benefit of aspirin use in this group is small. Persons who are not at increased risk for bleeding and are willing to take low-dose aspirin daily are more likely to benefit. Initiating in adults 60 years or older is not recommended (USPSTF 2022)						
Chlamydia: annually in sexually active women ≤24 years, and > 24 at increased risk of infection (USPSTF 2021)						
Gonorrhea: annually sexually active women ≤24 years and >24 at increased risk of infection (USPSTF 2021)						
Syphilis: pregnant women and adults at high risk of infection (USPSTF 2018, 2022)						
HIV: <15 years at risk, adults 15-65 years,>65 years at risk; all pregnant women (USPSTF 2019)						
Hepatitis B: pregnant women at their 1st prenatal visit and all asymptomatic, nonpregnant adolescents and adults at increased risk for HBV infection, including those who were vaccinated before being screened for HBV infection (USPSTF 2019, 2020)						
Hepatitis C: all asymptomatic adults aged 18 to 79 years (including pregnant persons) without known liver disease (USPSTF 2020)						
Gender-based violence: in women of reproductive age and provide or refer women who screen positive to ongoing support services. (USPSTF 2018)						
OTHER TESTS BY CLINICAL CRITERIA						

10.Referral to Care Management Program

☐ Terminal Illness ☐ CKD ☐ Complex care ☐ ESRD ☐None

Physician Signature
MD

Patient Name:	Contract #:	Date of Birth:	Date of Service:

11. Alcohol Screening ☐ YES ☐ NO

12. Alcohol Screening □ YES □ NO

Screening	( ) No Apparent Problem ( ) Active Alcohol Dependence ( ) Chronic Alcoholism Treatment Plan:_____

12. Depression Screening -PHQ9

How often has the patient been bothered by the following over the past 2 weeks?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
How often has the patient been bothered by the following over the past 2 weeks?	Not at all	Several days	More than half the days	Nearly every day
Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Score	__+	___+	___+	___+
			Total:	

PHQ-9 Management Summary	Score	Depression severity
	0-4	Minimal or none
	5-9	Mild
	10-14	Moderate
	15-19	Moderately severe
	20-27	Severe

Signatures

Patient's signature:
Physician's name:

Physician Signature
MD