Health Risk Assessment

Member Name: _____ DOB: _____

Member ID: _____ Age: _____

DATE OF ASSESSMENT: _____ PCP: _____

Current and Past Medical Diagnoses				
Date / Year	Diagnosis	Acute	Chronic	Resolved

Do you have recurring pain? ☐Yes ☐No ☐Sometimes

Please describe: _____

Current Medication List – Rx and OTC	
Medication (Dose, Route, and Frequency)	Supporting Diagnosis

Do you currently take all your medications daily as they are prescribed? ☐Yes ☐No

Comments: _____

Allergies	
☐ NKDA	

Personal and Social History

With whom do you live? ☐ Alone ☐ Spouse ☐ Child(ren) ☐Other Family ☐Other _____

Who assists you when you are not well? _____

Do you use any medical equipment? ☐ Yes ☐ No If yes, what equipment? _____

Do you receive assistance from any outside agencies? ☐ Homecare ☐ Passport ☐ Other _____

Do you feel safe in your home? ☐ Yes ☐ No

Advance Directives? ☐ Yes (Obtain copy for chart) ☐ No

Name _____
DOB _____

Health Habits

Diet:
___No Restrictions __Diabetic __Low Fat __Low Salt ___DASH ___Wt Reduction ___Supplements

Smoking: ☐ Yes ☐ No *If yes, how much, how long? _____
☐ *If current, instructed on smoking cessation*

Drug Abuse: ☐ Yes ☐ No If yes, what type? Elicit_____ Prescription_____

Caffeine: ☐ Yes ☐ No If yes, type and amount per day? _____

Alcohol: ☐ Yes ☐ No ☐ Past Present/Amount _____

Does patient have diagnosis of Alcohol Dependency? ☐ ***Yes*** ☐ ***No***

Health Maintenance (please note dates or approximate dates)

Eye Exam (Glaucoma screen q2 years) (Annual diabetic eye exam)	
Dental Exam	
Hearing Exam	
Colonoscopy	
Mammogram	
Breast Exam	
PAP test	
DEXA	
Prostate Exam	
PSA	

Do you see any specialists for any of your chronic medical conditions?

_____ _____ _____

Do you have difficulty with any of these daily tasks?

Eating ☐ Yes ☐ No Bathing ☐ Yes ☐ No Toileting ☐ Yes ☐ No

Immunizations (please note dates or approximate dates)

Flu Shot (Annually >65 yrs)	
Pneumonia Shot (Once >65 yrs)	
Tetanus/ TDP (Booster q 10 yrs)	
Zostavax (Covered by SummaCare after age 60)	
Other	

Vital Statistics *(REQUIRED)*

Height	inches
Weight	pounds
BMI	%
Blood Pressure	/
Pulse	
Respirations	
Temp	

Name _____
DOB _____

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Nutrition	Poor Appetite Weight Loss Weight Gain Teeth: Dentures Edentulous Poor condition **Asymptomatic**	Cachexic Overweight Underweight Obese Albumin ___ **WNL**	799.4	☐	Cachexia
			263.9	☐	Protein Calorie Malnutrition
			273.8	☐	Hypoalbuminemia
			278.00	☐	Obesity (BMI 30.0 – 38.9)
			278.01	☐	Morbid Obesity (BMI > 39)
				☐	
Integumentary	Rash Lumps Dry Skin/ Itching Skin Break/Tear **Asymptomatic**	Pressure Ulcer - Location - Stage Ulcer - Location - Stage Change in Hair /Nails **WNL**	707.0_	☐	Pressure Ulcer: Specify Site & Stage _____
			707.1_	☐	Ulcer (not Pressure): Specify Site _____
			682._	☐	Cellulitis: Specify site _____
			692.9	☐	Eczema
			696	☐	Psoriasis
				☐	
Eyes	Change in Vision Glasses Pain Redness Blurred Vision Floaters **Asymptomatic**	PERRLA Conjunctivitis Cataract Glaucoma Diabetic Retinopathy **WNL**	V45.61	☐	Cataracts - History
			366.9	☐	Cataracts - Current
			365.11	☐	Open Angle Glaucoma
			362.50	☐	Macular Degeneration
			362.00	☐	Diabetic Retinopathy
			369.00	☐	Blindness
				☐	
ENT	Hearing impairment Ringing in ears Sinus pain Sinus drainage **Asymptomatic**	Cerumen Impaction Enlarged Thyroid Adenopathy **WNL**	380.4	☐	Cerumen Impaction
			389.9	☐	Deafness
			473.9	☐	Sinusitis
			477.9	☐	Allergic Rhinitis
				☐	

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Cardiovascular	History of MI Chest pain Arrhythmia or palpitations Shortness of breath Shortness of breath with exertion Edema Orthopnea Leg pain while walking **Asymptomatic**	Irregular Heart Rate Murmur JVD Lipid Panel Carotid Bruit L / R Peripheral pulses - present - diminished - absent **WNL**	272.4	☐	Hyperlipidemia
			272.0	☐	Hypercholesterolemia
			401.1	☐	Benign Hypertension
			401.9	☐	Unspecified Hypertension
			402.90	☐	Hypertensive Heart Disease
			412	☐	Old Myocardial Infarction (> 8 weeks)
			413.9	☐	Angina
			414.01	☐	Coronary Atherosclerosis of Native Coronary Artery
			V45.81	☐	History of CABG
			414.8	☐	Chronic Ischemic Heart Disease
			425.4	☐	Cardiomyopathy
			428.0	☐	Congestive Heart Failure
			428.22	☐	Chronic Systolic Heart Failure
			428.32	☐	Diastolic Heart Failure
			428.42	☐	Combined Chronic Systolic and Diastolic Heart Failure
			428.9	☐	Heart Failure Unspecified
			429.3	☐	Cardiomegaly
			782.3	☐	Edema
			427.31	☐	Atrial Fibrillation
			426.0	☐	Complete AV Block
			427.81	☐	Sick Sinus Syndrome
			440.0	☐	Atherosclerosis of Aorta
			440.1	☐	Atherosclerosis Renal Artery
			440.20	☐	Atherosclerosis of Extremities
			441.4	☐	Abdominal Aortic Aneurysm
			441.9	☐	Aortic Aneurysm of unspecified
			443.9	☐	Peripheral Vascular Disease
			443.9	☐	Intermittent Claudication
			V12.51	☐	History of Venous Thrombosis and Embolism
			424._	☐	Heart Valve Disorder: ☐ Mitral ☐ Aortic ☐ Tricuspid ☐ Pulmonary
			V45.02	☐	Defribrillator/AICD in Situ – Specify reason below: ☐Ventricular Fib/Flutter ☐Ventricular Tachycardia ☐Cardiac Arrest
			429.3	☐	Cardiomegaly
			782.3	☐	Edema
				☐	
				☐	

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Respiratory	Cough Sputum SOB Wheezing Hemoptysis 02 dependent? ___ **Asymptomatic**	Lung Sounds Rhonchi Rales/ Crackles Wheezes 02 sat ___% Spirometry Test **WNL**	491.0	☐ ☐	Chronic Bronchitis Smoker's Cough
			492.8	☐	Emphysema
			493.90	☐	Asthma
			496	☐	COPD
			518.83	☐	Chronic Respiratory Failure
			V46.2	☐	Supplemental O2 (current)
			V44.0	☐	Tracheostomy Status (current)
				☐	
				☐	
Gastrointestinal	Difficulty Swallowing Nausea Constipation Diarrhea Bloody Stools Hemorrhoids Heartburn GERD Bowel Incontinence **Asymptomatic**	Jaundice Ascites Abdominal Tenderness Palpable Mass Colostomy Ileostomy Guiac + / - **WNL**	530.81	☐	Esophageal Reflux (GERD)
			533.90	☐	Peptic Ulcer Disease (PUD)
			556.9	☐	Ulcerative Colitis
			555.9	☐	Crohn's Disease
			564.00	☐	Constipation
			787.6	☐	Bowel Incontinence
			787.91	☐	Diarrhea
			571.4	☐	Chronic Hepatitis
			V44.3	☐	Colostomy (current)
			V44.1	☐	Gastrostomy (current)
			V44.4	☐	PEG Tube (current)
			562.10	☐	Diverticulosis
			562.11	☐	Diverticulitis
			571.2	☐	Alchoholic Cirrhosis
			571.5	☐	Cirrhosis of Liver Other
			572.8	☐	End Stage Liver Disease
			577.1	☐	Chronic Pancreatitis
				☐	
Genitourinary	Frequency Urgency Burning Change in flow Hematuria Incontinence or Leaking Pain on Urination Urinary Catheter **Asymptomatic**	GFR _____ Urine Dip Diabetic Nephropathy Enlarged Prostate History Kidney Stones Testicular Mass **WNL**	788.30	☐	Urinary Incontinence
			599.0	☐	Urinary Tract Infection
			607.84	☐	Impotence
			600.00	☐	BPH
			585.1	☐	Chronic Kidney Disease Stage I (GFR $\geq$ 90)
			585.2	☐	Chronic Kidney Disease Stage II – Mild (GFR 60-89)
			585.3	☐	Chronic Kidney Disease Stage III - Moderate (GFR 30-59)
			585.4	☐	Chronic Kidney Disease Stage IV - Severe (GFR 15-29)
			585.5	☐	Chronic Kidney Disease Stage V (GFR < 15)
			585.6	☐	End Stage Renal Disease (ESRD)
			585.9	☐	CKD Unspecified / Chronic Renal Insufficiency
			V45.11	☐	Dialysis
			V44.50	☐	Cystostomy Status (current)
				☐	

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Musculoskeletal	Joint Stiffness Joint Pain Redness of Joints Swelling of Joints Back Pain Muscle Atrophy Fall(s) within last year Difficulty walking Use of assistive device(s) **Asymptomatic**	Limited ROM Amputation - Right / Left / Bilateral - Above Knee - Below Knee - Great Toe - Other Toe(s) **WNL**	274.9	☐	Gout
			714.0	☐	Rheumatoid Arthritis
			715.0_	☐	Osteoarthritis/DJD (Generalized) Specify Sites:_____
			715.3_	☐	Osteoarthritis/DJD (Localized) Specify Sites: _____
			724.00	☐	Spinal Stenosis Unspecified
			733.00	☐	Vertebral Wedge Fracture
			733.00	☐	Osteoporosis Unspecified
			733.01	☐	Osteoporosis, Senile
			V49.7_	☐	Amputation Status ☐ Above Knee ☐ Below Knee ☐ Great Toe ☐ Other Toe(s)
			V15.88	☐	History of Falling or At Risk for Falling
				☐	
Neurological	Hemiplegia Hemiparesis Vertigo Headaches Tremors Numbness/Tingling Seizures **Asymptomatic**	Cranial Nerves +/- Motor Nerves +/- Coordination/Gait +/- Reflexes +/- **WNL**	332.0	☐	Parkinson's Disease
			340	☐	Multiple Sclerosis
			346.90	☐	Migraines
			350.1	☐	Trigeminal Neuralgia
			356.9	☐	Ideopathic Peripheral Neuropathy
			438.11	☐	Aphasia – Late Effect of Stroke
			438.12	☐	Dysphasia – Late Effect of Stroke
			438.20	☐	Hemiparesis or Hemiplegia (Late Effects of Stroke)
			438.0	☐	☐ Cognitive Deficits - Late Effect of Stroke
			438.10	☐	☐ Late Effect of Stroke - Speech and Language Deficits
			V12.54	☐	History of CVA/Stroke
			780.39	☐	Seizure Disorder
			345.90	☐	Epilepsy
			344.00	☐	Quadriplegia
			344.1	☐	Paraplegia
			787.20	☐	Dysphagia
				☐	

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Psychiatric	Depression Anxiety Nervousness Memory Loss Chronic Insomnia Stress **Asymptomatic**	Mood Flat Affect Hyperactive Manic Hallucinations Delusions **WNL**	296.20	☐	Major Depression
			311	☐	Depression
			300.4	☐	Depression with Anxiety
			300.02	☐	General Anxiety Disorder
			296.80	☐	Bipolar Disorder
			295.90	☐	Schizophrenia
			290.0	☐	Senile Dementia
			290.40	☐	Vascular Dementia
			294.10	☐	Dementia Alzheimer's Type
			294.8	☐	Dementia NOS
			331.0	☐	Alzheimer's Disease
			305.0_	☐	Alcohol Abuse: ☐Continuous ☐in Remission
			303.9_	☐	Alcohol Dependence: ☐Continuous ☐in Remission
			305.__	☐	Drug Abuse: ☐Continuous ☐in Remission
			304.__	☐	Drug Dependence: ☐Continuous ☐in Remission
			305.1	☐	Current Tobacco Use
			V15.82	☐	History of Tobacco Use
				☐	
Endocrine	Heat intolerance Cold intolerance Sweating Polyuria Polydipsia Polyphagia **Asymptomatic**	Last HgbA1C _____ (Annual) Last LDL _____ (Annual) Microalbumin ____ (Annual) Eye Exam ____ (Annual) Monofilament Impaired / WNL Enlarged thyroid Goiter **WNL**	250.0_	☐	Diabetes without mention of complications ☐ Type II ☐ Type I ☐ Controlled ☐ Uncontrolled
			250.4_	☐	Diabetes w/ renal manifestations
			585._	☐	☐ CKD Stage _____
			583.81	☐	☐ Nephropathy NOS
			250.5_	☐	Diabetes w/ ophthalmic manifestations
			362.01	☐	☐ Background retinopathy
			362.02	☐	☐ Proliferative retinopathy
			250.6_	☐	Diabetes w/ neurologic manifestations
			337.1	☐	☐ Peripheral autonomic neuropathy
			357.2	☐	☐ Polyneuropathy in diabetes
			250.7_	☐	Diabetes w/ peripheral circulatory manifestations
			443.9	☐	☐ Peripheral Vascular
			250.8_	☐	Diabetes with Other Complications
			707.__	☐	☐ Ulcer: Site: _____ Stage: _____
					☐ Other Specify: _____
			242.90	☐	Hyperthyroidism
			244.9	☐	Hypothyroidism

System	Review of Systems	Physical Exam	Provider's Assessment and Diagnosis		
Hematology/ Oncology	Bruising Bleeding Anemia Weight Gain Weight Loss History of Cancer: Where: When: **Asymptomatic**	Lumps Masses **WNL**	285.9	☐	Anemia Unspecified
			280.9	☐	Iron Deficiency Anemia NOS
			281.0	☐	Pernicious Anemia
			285.21	☐	Anemia due to CKD
			285.29	☐	Anemia of Chronic Disease
			288.00	☐	Neutropenia
			202.80	☐	Lymphoma
			204.1	☐	Chronic Lymphocytic Leukemia
			205.1	☐	Chronic Myelogenous Leukemia
			185	☐	CURRENT Prostate Cancer
			V10.47	☐	History of Prostate Cancer
			162.9	☐	CURRENT Lung Cancer
			V10.11	☐	History of Lung Cancer
			174.9	☐	CURRENT Breast Cancer
			V10.3	☐	History of Breast Cancer
			153.9	☐	CURRENT Colon Cancer
			V10.05	☐	History of Colon Cancer
				☐	CURRENT Cancer Other: _____
				☐	Hx of Cancer Other: _____
			225.0	☐	Benign neoplasm of Brain
				☐	

Name _____
DOB _____

PHQ-9 Depression Screen

		Not at all	Several days	More than half the days	Nearly every day
1.	**Little interest or pleasure in doing things**	**0**	**1**	**2**	**3**
2.	**Feeling down, depressed or hopeless**	**0**	**1**	**2**	**3**
3.	**Trouble falling or staying asleep, or sleeping too much**	**0**	**1**	**2**	**3**
4.	**Feeling tired or having little energy**	**0**	**1**	**2**	**3**
5.	**Poor appetite or overeating**	**0**	**1**	**2**	**3**
6.	**Feeling bad about yourself, that you are a failure, or have let yourself/others down**	**0**	**1**	**2**	**3**
7.	**Trouble concentrating on things such as reading the paper or watching TV**	**0**	**1**	**2**	**3**
8.	**Moving or speaking so slowly that other people have noticed; or being excessively restless/fidgety**	**0**	**1**	**2**	**3**
9.	**Thoughts that you would be better off dead or of hurting yourself**	**0**	**1**	**2**	**3**

ADD COLUMNS ☐ + ☐ + ☐

TOTAL ☐

10.	**If you have reported any problems, how difficult have these problems made it for you to get things done or get along with other people?**	**Not difficult at all**	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Mini-Mental Exam

Each question correctly answered by the patient scores one point. A score of 6 or less suggests delirium or dementia, although further and more formal tests are necessary to confirm the diagnosis.

Please administer mini-mental exam. If you do not have a standard exam, the following version may be used.

Question		Score
1.	What is your age? (1 point)	
2.	What is the time to the nearest hour? (1 point)	
3.	Give the patient an address and ask him/her to repeat it at the end of the test. (1 point)	
4.	What is the year? (1 point)	
5.	What is the name of the hospital or number of the residence where the patient is situated? (1 point)	
6.	Can the patient recognize two persons (the doctor, nurse, home help, etc.)? (1 point)	
7.	What is your date of birth? (day/month sufficient) (1 point)	
8.	In what year did World War 1 begin? (1 point) (other dates can be used, with a preference for dates some time in the past.)	
9.	Name the current president of the United States? (1 point)	
10.	Count backwards from 20 down to 1. (1 point)	

Name _____
DOB _____

Health Maintenance Recommendations / Teaching	Done	Needs F/U
Medication Compliance and/or Side Effects		
Dietary/Nutrition Counseling		
Weight Loss		
Exercise / Activity		
Smoking Cessation		
Discuss Advance Directives		
Update Immunizations - Tetanus / Flu / Pneumo / Zostavax		
Eye Exam		
Colorectal Cancer Screening (Colonoscopy/ FOBT x 3, iFOBT x 1)		
PAP		
Mammogram		
Calcium Supplement		

Chronic Condition Recommendations / Teaching	Done	Needs F/U
Continue Current Treatment		
Medication Changes (Specify)		
Instruct Disease Process and Management		
Refer to Specialist (Specify)		
Labwork (Specify)		

☐ The following patient education literature provided at time of visit:

Hypertension	Incontinence	Falls Prevention	Osteoarthritis
Cholesterol	Flu Shot	Improving Balance	Osteoporosis
Glaucoma	Pneumonia Shot	Increasing Physical Activity	Preventive Health Guidelines
Depression			

☐ Has CHF learning needs or care gaps that require case management

☐ Has Diabetes learning needs or care gaps that require case management

☐ Has Asthma or COPD learning needs or care gaps that require case management

☐ Has Depression non-compliance with treatment; Request case management review

Provider Signature _____ MD / DO / NP / CNS / PA

Please be certain to provide legible signature and credentials before submitting. Thank you!