

## Adult Non-Emergency Medical Check-Up Form / Formulario de Chequeo Médico Preventivo para Adultos

Program Year: September 2009-August 2010 / Año del Programa: septiembre 2009-agosto 2010

Participant Name / Nombre del Participante:	Date of Birth / Fecha de Nacimiento:	Family ID # / No. de Identificación de Familia:	Date of Visit / Fecha de Visita:

### Screenings and Tests / Chequeos y Exámenes

CONDITIONS / AFECCIONES	GUIDELINES / INDICACIONES	COMPLETION STATUS / PROGRESO LOGRADO
Blood pressure	Measure at every annual visit	<input type="checkbox"/> <b>Screening completed</b>
Body Mass Index (BMI) <i>(please refer to latest BMI chart)</i>	Measure at every annual visit	<input type="checkbox"/> <b>Screening completed</b>
Diabetes: Fasting Plasma Glucose	Test if: Age = 45+ and BMI ≥ 25	<input type="checkbox"/> <b>Obtained specimen for test</b> <b>No specimen obtained because:</b> <input type="checkbox"/> Not needed for this patient or at this time <input type="checkbox"/> Patient declined <input type="checkbox"/> Other
Smoking status ( <i>Never, past, current?</i> )	Ask at every annual visit	<input type="checkbox"/> <b>Screening completed</b> <input type="checkbox"/> If smoker, cessation recommended
Cholesterol	Test every 5 years for: <ul style="list-style-type: none"> <li>• Male ≥ age 35</li> <li>• Female ≥ age 45</li> </ul>	<input type="checkbox"/> <b>Obtained specimen for test</b> <b>No specimen obtained because:</b> <input type="checkbox"/> Not needed for this patient or at this time <input type="checkbox"/> Patient declined <input type="checkbox"/> Other
HIV status	Ask at every annual visit and offer test if status is unknown	<input type="checkbox"/> <b>Obtained specimen for test</b> <b>No specimen obtained because:</b> <input type="checkbox"/> Not needed for this patient or at this time <input type="checkbox"/> Patient declined <input type="checkbox"/> Other
Depression ( <i>Use Depression Screening tool on back – PHQ-2</i> )	Ask at every annual visit	<input type="checkbox"/> <b>Screening completed</b> <input type="checkbox"/> Patient declined
Alcohol/Drug use ( <i>Alcohol and Drug Use Screening Tool on back – CAGE-AID</i> )	Ask at every annual visit	<input type="checkbox"/> <b>Screening completed</b> <input type="checkbox"/> Patient declined
<b>Female-only:</b> Pelvic/Pap Test	Test: <ul style="list-style-type: none"> <li>• Every year until age 30</li> <li>• Every 2-3 years if ≥ age 30</li> </ul>	<input type="checkbox"/> <b>Obtained specimen for test or referred to GYN</b> <b>No specimen obtained because:</b> <input type="checkbox"/> Not needed for this patient or at this time <input type="checkbox"/> Patient declined <input type="checkbox"/> Other
<b>Female-only:</b> Family Planning Visit	At every annual visit, counseling, referral, prescribing and dispensing of contraceptives and screening for STIs	<input type="checkbox"/> <b>Counseling completed</b>
<b>Female-only:</b> Mammogram	Test every 1-2 years if: Age ≥ 40	<input type="checkbox"/> Recommended mammogram <input type="checkbox"/> Not needed for this patient at this time
Colonoscopy	For average risk, test every 10 years for ≥ age 50	<input type="checkbox"/> Recommended colonoscopy <input type="checkbox"/> Not needed for this patient at this time

### Immunizations Review / Revisión de Inmunizaciones

Discussed immunization status and made appropriate recommendations for: Influenza, Pneumococcal, Hepatitis B, Tetanus & Diphtheria

## Health & Safety Counseling / Orientación Médica y de Seguridad

Patient was given information on prevention or service options concerning:

- Healthy eating    Alcohol/drug use    Domestic violence    Family planning    Condom use, HIV/STD prevention

### Depression Screening Tool / Herramienta para el Chequeo de Depresión (PHQ-2)

Over the past 2 weeks, have you often been bothered by:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?

*If the patient answered "yes" to either question, please follow up using the PHQ-9 self-administered questionnaire.*

### Alcohol and Drug Use Screening Tool / Herramienta para el Chequeo de Consumo de Drogas y Alcohol (CAGE-AID)

1. Have you felt you ought to **Cut down** on your drinking or drug use?
2. Have people **Annoyed** you by criticizing your drinking or drug use?
3. Have you felt bad or **Guilty** about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover ("**Eye-opener**")?

Yes to 1 or 2 questions = possible problem  
Yes to 3 or 4 questions = probably dependence

### Recommended Follow-Up Visit (With current doctor or other specialist / Visita de Seguimiento Recomendada (con el médico actual u otro especialista)

Next visit should occur in:

- 3 Months  
 Up to 6 Months  
 Up to 1 year

Next annual preventive exam:

- 1 year

### Doctor's Information / Información del Médico

NAME / NOMBRE: \_\_\_\_\_

SIGNATURE / FIRMA: \_\_\_\_\_

OFFICE OR CLINIC NAME / NOMBRE DE LA OFICINA O CLÍNICA: \_\_\_\_\_

STREET ADDRESS / DIRECCIÓN: \_\_\_\_\_

CITY, STATE, ZIP / CIUDAD, ESTADO, CÓDIGO POSTAL: \_\_\_\_\_

TELEPHONE NUMBER / NÚMERO DE TELÉFONO: \_\_\_\_\_

EMAIL / CORREO ELECTRÓNICO: \_\_\_\_\_

**MUST  
PROVIDE:**

# _____ LICENSE NUMBER
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OR

OFFICE/CLINIC STAMP
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