

Health Risk Assessment
(to be completed by qualified nurse)

Name: _____ Assessment Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Source of Information: (ex: consumer, parent/guardian/caretaker, PCP, Other): _____

Diagnosis

Current medications and effectiveness

Hospitalizations (number, duration, diagnoses, status of condition causing hospitalization): None

Major Illnesses (type, frequency of each type, dates/duration, and general treatment): None

Injuries (type, frequency of each type, dates/duration, and general treatment): None

Corrective devices (use and effectiveness): None

Laboratory results

Initial laboratory test results were review on: _____ (Date)

Annual laboratory test results were review on: _____ (Date)

Laboratory test results were within normal limits and required no follow-up action.

Laboratory test results were abnormal and follow-up action was required: (list abnormal results, follow-up action, and resolution):

Comments:

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Allergies

No Known Allergies

When in contact with _____ (environmental factors), the following reaction occurs:

When _____ (medication) is taken, the following reaction occurs

When _____ (food) is consumed, the following reaction occurs:

The following precautions are in place:

Immunizations:

Immunizations are current: PPD Influenza Pneumonia Tetanus

Hepatitis surface antigen tested _____ (date), _____ (results)

Hepatitis core antigen tested _____ (date), _____ (results)

Hepatitis antibodies tested _____ (date), _____ (results)

History of significant tuberculin skin test on _____ (date)

Exhibits: weakness, anorexia (loss of appetite), weight loss, night sweats, low grade fever, productive cough,

hemoptysis (blood in sputum). The above were addressed by the physician on _____ (date).

HIV status: Unknown Known _____

Head & Neck No relevant history

History of: head trauma macrocephaly microcephaly hydrocephalus shunt

head banging slapping head/face hypothyroidism frequent colds

frequent infections neck injuries displaced trachea

Pain: _____ (location & description)

Comments:

Nose & Sinuses No relevant history

History of: nosebleeds sinus infections Allergies Snoring difficulty breathing

discharge drip uses inhalants headaches recent trauma surgery

places foreign objects in nose

Comments:

Mouth & Pharynx No relevant history last dental exam: _____ (date) dentures

History of: dental problems impaired swallowing recent appetite or weight change

chewing problems mouth pain mouth lesions self-injurious behavior (biting)

risk for tongue injury (seizures, biting) places foreign objects in mouth & pharynx cleft lip or palate

Comments:

Eyes and Ears

Eyes No relevant history

medications that place individual at risk for glaucoma or cataracts keratoconus retinal detachment

corrective lenses contacts legally blind total blindness (no vision)

History of: eye infection inflammation disease drainage eye surgery trauma

diabetes hypertension eye pain cataracts glaucoma glaucoma suspect

using drops redness, irritation itching/rubbing eyes places foreign objects in eyes

Last eye exam (optometrist/ophthalmologist) _____ (date)

Comments:

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Ears No relevant history

History of: infections drainage redness pain tinnitus vertigo disorder(s)
 chronic otitis media tubes itching or pulling ears excessive cerumen
 foreign objects in ears hearing problems hearing aide ototoxic medications
Last hearing exam (audiologist) _____ (date)

Comments:

Heart & Vascular No relevant history

History of Congenital Heart Disease: endocardial cushion defect septal defect(s) mitral prolapse
 Tetralogy of Fallot mitral regurgitation murmurs extra heart sounds (clicks, rubs)
 pulmonic stenosis coarctation of the aorta (malformed narrowing)
History of Cardiovascular Disease: congestive heart failure endocarditis myocardial infarction
 pre-medicate with antibiotics for dental or invasive procedures
 Pain: (Location)

_____ (include precipitating and relieving factors)

known abnormalities regarding B/P and pulses:

History of: smoking excessive caffeine diabetes hypertension swelling peripheral vascular disease
 phlebitis varicose veins leg cramps cyanosis dependent edema
 pacemaker

(specify)

nausea dyspnea fatigue palpitations tingling or numbness

Comments:

Thorax & Lungs No relevant history

History of: respiratory disease reoccurring pneumonia recurrent aspiration syndrome COPD
 asthma Past positive TB smoking allergies risk factors for aspiration present
 esophageal motility disorders hiatal hernia with reflux achalasia (failure of sphincter to relax)
 gastroesophageal reflux chronic constipation & increased intra-abdominal pressure
 delayed stomach emptying high frequency vomiting regurgitation
 nasal feeding tube impaired swallow reflex absent or hyperactive gag reflex
 reduced level consciousness infectious saliva from poor oral hygiene seizure disorders
 spinal deformities or orthopedic corsets that increase intra-abdominal pressure
 dependency for feeding & positioning impaired cough reflex aerophagia pica
 ingestion of hydrocarbon derivatives (glue, acetone) hoarseness wheezing

Comments:

Gastrointestinal

Abdomen No relevant history

History of: constipation diarrhea incontinence foul odor flatulence
 abnormal stool color frequent belching distention GI/hepatobiliary infection parasites
 infectious hepatitis chronic liver disease pancreatitis nausea vomiting pain
Surgical history:

Disorders of abdominal organs: stomach small intestine large intestine appendix pancreas
 gallbladder spleen

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Ostomy presence: gastrostomy jejunostomy large intestine ostomy appliance:

self-care of ostomy dependent care of ostomy

Bowel movement: Normal small medium large soft formed hard

Comments:

Nutritional/Metabolic Pattern No relevant history

Nutritional Status: good appetite poor appetite or loss of appetite

Weight fluctuations: None significant _____ pounds gained lost in last _____

recurrent emesis rumination (month(s) or year)

Eating Skills: too slow too fast excessive spillage requires special utensils needs to be positioned

Swallowing: difficulty delayed pockets food silent aspiration no thin liquids

Special diet special feeding techniques: _____
(describe)

Enteral Feedings: Reason: dysphagia surgery hypermetabolic status (burns, trauma, sepsis, cancer)

GI disease Other: _____

Comments:

Genitourinary (Gynecological & Breasts)

No relevant history

Bladder: Frequency: _____ nocturia urgency dysuria pain/burning oliguria

hematuria urine clear urine cloudy urinary retention foul odor to urine.

indwelling catheter external catheter Intermittent catheterization History of chronic urinary infection

incontinence _____ (total) _____ (daytime) _____ (nighttime) _____ (occasional)

difficult delayed voiding

Current bladder program: Dietary measures: _____ (list)

medication(s): _____ (list)

bladder training: _____ (schedule)

intermittent catheterization: _____ (schedule)

monitoring of urinary frequency fluid intake/output

sexually active with partner(s) by self unknown last PSA: _____ (date & result)

Comments:

Gynecological & Breast No relevant history

regular menses irregular menses primary amenorrhea secondary amenorrhea menopausal

post hysterectomy heavy flow dysmenorrheal

Surgical History:

no significant findings on monthly breast examination

significant findings on monthly breast examination on _____ (date) with following action:

independent breast self-exam needs instructions unable to complete

last Pap test done: _____ (date) _____ (result with date)

Comments:

Musculoskeletal No relevant history.

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History of: arthritis inflammatory disease pain/cramps swelling

fracture: _____ (describe)
 ambulatory nonambulatory mobile using: _____ immobile

Neurological

Mental & Emotional Statuses

alert aware of environment non-verbal impaired level of consciousness
 able to communicate limited verbalization vocalized sounds only
 Communication device:

 intellectual impairment memory impairment general knowledge deficit abstract reasoning impaired
 impaired association ability impaired judgment sleeps well at night difficulty falling asleep
 difficulty staying asleep difficulty with early awakening
 naps during day due to: age health status medications
 sleep aids used:

 sleep safety devices used: bedrails pillow(s) mat beside bed
 other:

Comments:

Behavior No maladaptive behaviors

Maladaptive Behaviors: self injurious behavior aggression to others PICA behavior mood swings
 receives: _____ (medication) for behavior(s)
 a behavior program is in place an exception to behavior medication reduction is in place

Comments:

Seizure Disorders & Epilepsy No relevant history

History of seizure disorder (see Seizure Outcome Assessment form)

Comments:

Tardive Dyskinesia & Movement Disorders No relevant history

History of: movement disorder Huntington's Parkinson's benign essential tremor

resting tremor bradykinesia clonus

Other: _____ (specify)

Receiving antipsychotic/amoxapine/metoclopramide:

Baseline TD assessment was completed on _____ (date) with the following results:

TD assessment completed during the past year: _____ (date)

(Result)

(date) _____ (Result)

Comments:

Other Neurologic Conditions No other neurologic problems noted

Description (including signs & symptoms of neurologic problem not noted above:

Mental & Emotional Status

alert aware of environment impaired consciousness Glasgow coma scale score: _____

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changed level of consciousness unchanged level of consciousness
 able to communicate vocalizes sounds limited verbalization non-verbal
 change in communication pattern unchanged communication
Communication device:

intellectual impairment unchanged memory impairment unchanged general knowledge deficit unchanged
 abstract reasoning unchanged impaired association ability unchanged impaired judgment unchanged
 changes in mental & emotional status (describe):

Comments:

Motor Function

impaired coordination fine motor skills impaired
 balance maintained while standing with eyes closed loss of balance immediate

Reflexes

patellar reflex: 0: no response 1+ low (normal with slight contraction)
 2+ normal, visible muscle twitch and extension of lower leg
 3+ brisker than normal
 4+ hyperactive, very brisk
Comments:

Notes

Recommendations

Follow Up

Signature and credentials _____