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

3. Allergies

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

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
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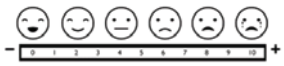
Patient Name:		Date of Birth	Date of Service

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 (Considering clinical criteria and risks when ordering tests)	Test Done		N/A	Date (MM/DD/AAAA)	Results	
	Yes	No			POS	NEG
Mammogram: women aged 40-44 have the choice to start annually, yearly in women aged 40-55, every two years in women 55 and over (ACS 2023)						
Breast risk-reducing drugs: women with increased risk of breast cancer and low risk of side effects Adverse Medication (USPSTF 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 2021)						
Osteoporosis: women ≥65 & women <65 at risk of osteoporotic fractures (USPSTF 2018)						

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9.Test, Studies, Laboratory Results

Preventive Health Care Schedule (only USPTFS grade A/B recommendations are shown - as of June 2025)	Age																											Test Done		N/A	Date (MM/DD/AAAA)	Results	
	18	20	21	24	25	29	30	35	36	39	40	44	45	46	49	50	54	55	59	60	65	69	70	74	75	78	79	80	Yes	No			POS	NEG
Mammogram (USPTFS 2024)											Biennial screening mammography for women aged 40 to 74 years																						
Breast Risk-rducing drugs (USPTFS 2019)								Women at increased risk for breast cancer aged 35 years or older																									
Cervical cancer (USPSTF 2018) (ACOG 2021)			Women 21-29 (exam every 3 years unless abnormal results)					30-65 cervical cytology (exam every 3 years unless abnormal results)																										
			Women with a hx. of cervical cancer, HIV, immunocompromised or exposed to diethylethylbestrol in utero																														
Osteoporosis (USPSTF 2025)																					Women ≥65												
													Postmenopausal women younger than 65 years who are at increased risk for an osteoporotic																				
Folic acid (USPSTF 2023)	All women capable of pregnancy should take a daily 0.4-0.8mg																																
Colorrectal Cancer Screening (USPSTF 2021) (ACS 2023)													Regular screening starting by age 45 with interval every 5-10 years; Detection of CRC from 45-75 years with: Annual FOBT, or FIT yearly, or FIT-DNA every 1-3 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																						
Lung Cancer (USPSTF 2021)																Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50-80 years who have a 20 pack-year smoking hx and currently smoke or have quit within the past 15 years.														
Type 2 diabetes screening (USPSTF 2021) (ADA 2024)								Adults ages 35-70 overweight or obesity, those with hx. family of DM or other risk and/or ethnicity could start the detection before																								
													Without risk factors, should start tests at age 45																				
Lipid panel in diabetes (ADA/AHA 2024)	Lipid panel should be obtained: At time of diabetes diagnosis and annually. At initiation and after 4–12 weeks of initiation/adjustment of lipid-lowering drugs																																
Cholesterol test (ACC/AHA 2013)		Adults 20-78 year every 4-6 years if free of ASCVD																															
Abdominal aortic aneurysm (USPSTF 2019)																					Once ultrasonography, men ages 65-75 who have ever smoked												

9.Test, Studies, Laboratory Results

Preventive Health Care Schedule (only USPTFS grade A/B recommendations are shown - as of June 2025)	Age																											Test Done		N/A	Date (MM/DD/ AAAA)	Results	
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Statins (USPSTF 2022)											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																						
Chlamydia and Gonorrhea (USPSTF 2021)	Sexually active women 24 years or younger																																
					Women 25 years or older who are at increased risk for infection																														
Syphilis: (USPSTF 2025/2022)	Preregnant women and persons who are at increased risk for infection																																
HIV (USPSTF 2019)	<15 years at risk, adults 15-65 years,>65 years at risk; all pregnant women																																
Hepatitis B (USPSTF 2020)	Pregnant women and adolescents and adults at increased risk for infection																																
Hepatitis C (USPSTF 2020)	Adults aged 18 to 79 years.																																
Intimate Partner Violence (USPSTF 2025)	Screen for intimate partner violence (IPV) in women of reproductive age, including those who are pregnant and postpartum.																																

Legend	Normal Risk	With specific risk factor																														
Recomendation for men and women																																
Recomendation for men only																																
Recomendation for women only																																
OTHER TESTS BY CLINICAL CRITERIA																																

10.Referral to Care Management Program

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

11. Alcohol Screening ☐ YES ☐ NO

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

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Patient Name:		Date of Birth	Date of Service

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
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

Physician Signature
MD

Certificación de Evaluación de Cuidado Preventivo

Esta copia puede ser entregada en uno de nuestros centros de servicio como evidencia de que se completó la evaluación de salud anual

Yo _____ certifico que completé la evaluación de salud anual.
Nombre del paciente

_____
Número de contrato

_____
Número de grupo

_____
Firma del paciente

_____
Fecha

Physician Signature
MD