



Adult Health Maintenance Form

Name: _____

DOB: _____ MR #: _____

Preventive Services <i>(Record results, notes, etc. in box)</i>		Date ____/____/____	Date ____/____/____	Date ____/____/____
Well-person exam				
Alcohol & recreational drug assessment <i>(See reverse side for Cenpatico referral info)</i>		<input type="checkbox"/> Cenpatico referral	<input type="checkbox"/> Cenpatico referral	<input type="checkbox"/> Cenpatico referral
Blood pressure				
Body Mass Index <i>weight(kg)/ height (m)²</i>				
Cholesterol screening <i>(Note collection date and result)</i>		____/____/____ <input type="checkbox"/> LDL: _____	____/____/____ <input type="checkbox"/> LDL: _____	____/____/____ <input type="checkbox"/> LDL: _____
Colorectal screening <i>(Please note if FOBT/colonoscopy, date and result)</i>		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Depression screening/ PHQ – 2 <i>(See reverse side for PHQ-2 and Cenpatico referral info)</i>		<input type="checkbox"/> Cenpatico referral	<input type="checkbox"/> Cenpatico referral	<input type="checkbox"/> Cenpatico referral
Diabetes <i>(If already diagnosed with diabetes)</i>	Hemoglobin A1c <i>(Note collection date and result)</i>	____/____/____	____/____/____	____/____/____
	Urine microalbumin test <i>(Note collection date and result)</i>	____/____/____	____/____/____	____/____/____
	Retinal eye exam by an eye care professional <i>(Note exam date and result)</i>	____/____/____ <input type="checkbox"/> No retinopathy <input type="checkbox"/> + Retinopathy	____/____/____ <input type="checkbox"/> No retinopathy <input type="checkbox"/> + Retinopathy	____/____/____ <input type="checkbox"/> No retinopathy <input type="checkbox"/> + Retinopathy
Diabetes Type II screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Fall risk assessment		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Hepatitis C screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
HIV screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Influenza vaccine				
Pneumococcal vaccine		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Tobacco use assessment <i>(If positive for tobacco use, please consider an Indiana Tobacco Quit Line referral: phone # listed to right)</i>		<input type="checkbox"/> 1-800-QUIT NOW	<input type="checkbox"/> 1-800-QUIT NOW	<input type="checkbox"/> 1-800-QUIT NOW
♀ Breast cancer screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
♀ Cervical cancer screening <i>(Note collection date and result)</i>		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
♀ Chlamydia screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
♀ Osteoporosis screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
♂ Abdominal aortic aneurism screening		<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA

Education & Counseling	(Same date as above)	(Same date as above)	(Same date as above)
Advance directive/ Health care proxy	<input type="checkbox"/> Copy on file	<input type="checkbox"/> Copy on file	<input type="checkbox"/> Copy on file
Aspirin chemoprophylaxis			
Dental exam referral/ Oral hygiene			
Domestic violence/ Elder abuse			
Fall prevention			
Nutrition & exercise			
Safe sex practices/ STI prevention			
Skin cancer prevention			

PHQ- 2: Screening Instrument for Depression

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than one-half the days	Nearly everyday
<i>Little interest or pleasure in doing things</i>	0	1	2	3
<i>Feeling down, depressed, or hopeless</i>	0	1	2	3

Note: If the patient has a positive response to either question, consider administering the PHQ-9 or asking the patient more questions about possible depression. For older adults, consider the PHQ-9 or the 15-item Geriatric Depression Scale. A negative response to both questions is considered a negative result for depression. Cenpatico (CBH) is MHS' sister company and the behavioral health vendor available to all MHS members. PMPs, at any time, can refer members for case management services who may benefit from coordination of activities or additional assistance in obtaining resources. Please contact Cenpatico at 1-877-647-4848 to make a referral or to collaborate about a member's care. A referral form to Cenpatico's Disease Management program is also available at mhsindiana.com/for-providers/provider-forms/

Recommended Services	Frequency	Recommended Services	Frequency
Well-person exam	Annually	Hepatitis C screening	Persons at high risk for infection and adults born between 1945 and 1965
ETOH & recreational drug assessment	Annually	HIV screening	All adolescents and adults ages 15 to 65 years and others who are at increased risk for HIV infection and all pregnant women
Aspirin chemoprophylaxis	When the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years) or in ischemic strokes (women aged 55-79 years).	Influenza vaccine	Annually
Blood pressure	-Screening every 2 years with BP <120/80. -Screening every year with SBP of 120-139 mmHg or DBP of 80-90 mmHg	Pneumococcal vaccine	Age 19 and older- those at increased risk All adults age 65 and older
Body Mass Index	Patients with a body mass index of 30 kg/m ² or higher should be offered or referred to intensive, multicomponent behavioral interventions	Tobacco use assessment	Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco; provide augmented, pregnancy-tailored counseling for those pregnant women who smoke
Cholesterol screening	Men aged 20-35 and women over age 20 who are at increased risk for coronary heart disease; all men aged 35 and older	♀ Breast cancer screening	Biennial screening mammography for women aged 50 to 74 years. Note: The Department of Health and Human Services, in implementing the ACA, follows the 2002 USPSTF recommendation for screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older
Colorectal screening	Adults aged 50-75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy	♀ Cervical cancer screening	Screen with cytology every 3 years (women ages 21 to 65) or co-test (cytology/HPV testing) every 5 years (women ages 30-65).
Depression screening	Non- pregnant adults 18 years and older. <i>The American Academy of Pediatrics (AAP) recommends children age 11 years and older be screened annually. Recommended screening tools, such as the PHQ-9, are available in the GLAD-PC toolkit.</i>	♀ Chlamydia screening	Sexually active women 24 and younger and other asymptomatic women at increased risk for infection. Asymptomatic pregnant women 24 and younger and others at increased risk.
Diabetes Type II screening	Asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg.	♀ Osteoporosis screening	Women aged 65 years and older and women under age 65 whose 10-year fracture risk is equal to or greater than that of a 65-year-old white woman without additional risk factors.
Fall risk assessment	Provide intervention (exercise or physical therapy and/or vitamin D) to adults ≥65 years at increased risk for falls.	♂ Abdominal aortic aneurism screening	One-time screening by ultrasound in men aged 65 to 75 who have ever smoked.

Preventive services guidelines referenced from the US Preventive Services Task Force. For complete guidelines please visit uspreventiveservicestaskforce.org.