

Adult Health Risk Profile

Name: _____ Age: _____ Gender: M / F MR# _____

Ethnicity: _____ Medications: _____

Old Records: none / here / need to obtain _____

Allergies: _____ Date: _____

Height: _____ Weight: _____ BMI _____

Screening	Annual Assessment of Risk Factors	Counseling Provided
1. Vaccine-preventable diseases	<p>Needs the following immunizations:</p> <p>Tetanus booster every 10 years</p> <p>Tdap shot (one time)</p> <p>Flu Shot, yearly if over 65 yrs of age or if patient has chronic medical conditions or asthma</p> <p>Pneumonia vaccine shot, one time past age 65</p> <p>Zostax (Shingles) shot, consider once over 60 years of age</p> <p>Varicella shot if patient has no history of Chicken Pox</p> <p>Hepatitis A and B vaccine if patient is at high risk (IV drug use, 'same sex' contact history, un-protected sex with multiple partners, or if patient has any sexually transmitted disease)</p> <p>Rubella shot if patient is of childbearing age and she is not known to be immune</p>	
2. Blood Pressure (BP)	<p>PATIENT TO COMPLETE THIS SECTION</p> <p>You must tell the truth on this survey for it to have any value in helping you!</p> <p>___ "I may be overweight."</p> <p>___ "I have high blood pressure."</p> <p>___ "Even though I have high blood pressure, I do not have my blood pressure checked at least twice a week and record it for my doctor."</p> <p>___ "I do not perform moderate exercise for at least 30 minutes most days of the week."</p> <p>___ "I use salt freely."</p> <p>___ "I drink 3 or more drinks of alcohol each day."</p> <p>___ "There are other people in my immediate family with high blood pressure."</p> <p>___ "I have diabetes or pre-diabetes"</p>	

Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
3. Tobacco	<p>___ "I have smoked cigarettes: _____ packs per day for about _____ years."</p> <p>___ "I smoke cigars, a pipe or use smokeless tobacco."</p> <p>___ "I have tried to quit."</p> <p>___ "I am exposed to tobacco smoke regularly."</p> <p>___ "I have coronary heart disease and also smoke."</p>	
4. Cholesterol	<p>___ "I am a man over 35 or a woman over 45 and never had a cholesterol check."</p> <p>___ "Others in my family have a high cholesterol or triglycerides or a low HDL."</p> <p>___ "I know my cholesterol has been high, but it hasn't been checked in over a year."</p> <p>___ "I have diabetes also."</p> <p>___ "A family member (man <50 or woman <60) has had heart disease or stroke."</p> <p>___ "I have other risk factors for Heart Disease like tobacco or high blood pressure."</p>	
5. Diabetes	<p>___ "I have high blood pressure or elevated lipids (blood fats)."</p> <p>___ "Someone in my family has diabetes."</p>	
6. Cervical Cancer	<p>___ "I am or have been sexually active AND have not had a PAP smear in over 3 years."</p> <p>___ "I have had an abnormal PAP in the past." Date of the abnormal PAP _____</p>	
7. Mammogram	<p>___ "I am at least 40 years old AND have not had a mammogram in the past 1-2 years."</p> <p>___ "Someone in my immediate family has had breast cancer."</p>	
8. Colorectal Cancer	<p>___ "I am over 50 years old AND have never been tested for colon cancer."</p> <p>___ "I have been tested, but not for over 5 years."</p> <p>___ "I am over 50 AND do not have annual stool tests for occult blood (hem occult)."</p> <p>___ "I have had colon polyps."</p> <p>___ "Someone in my immediate family has had colon cancer."</p> <p>___ "I have (have had) ulcerative colitis."</p>	

Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
9. Osteoporosis	<input type="checkbox"/> "I am over 65 years old AND have not had a bone mineral density test (DEXA) in over 2 years." <input type="checkbox"/> "I am between 60 and 64 years old and weigh less than 154 lbs but have not had a bone density test for over 2 years." <input type="checkbox"/> "I have osteoporosis."	
10. Alcohol Misuse	<input type="checkbox"/> "I have over 2 drinks per day or over 4 drinks on occasion (men under 65)." <input type="checkbox"/> "I have over 1 drink each day or over 3 drinks per occasion (women of any age or men over 65 years old)." <input type="checkbox"/> "I drink regularly, AND:" (check all that apply) <input type="checkbox"/> "I know I need to cut down." <input type="checkbox"/> "I am annoyed by people who criticize my drinking." <input type="checkbox"/> "I feel guilty about my drinking." <input type="checkbox"/> "I need an "eye opener" drink in the morning."	
11. Vision	<input type="checkbox"/> "I am over 65 years old AND I do not see an eye doctor for regular exams." <input type="checkbox"/> "I have glaucoma." <input type="checkbox"/> "I have diabetes AND I do not see the eye doctor at least once per year." <input type="checkbox"/> "Somebody in my family has glaucoma." <input type="checkbox"/> "I wear glasses."	
12. Hearing	<input type="checkbox"/> "I have to strain to hear normal conversations." <input type="checkbox"/> "Others complain about how loud I put the television."	
13. Chlamydia Infections	<input type="checkbox"/> "I am 25 yrs old or less AND have had sexual relations." <input type="checkbox"/> "I have had sexually transmitted diseases (STD's)." <input type="checkbox"/> "I have new or multiple sexual partners."	
14. Other Sexually Transmitted Disease / HIV	<input type="checkbox"/> "I have had other sexually transmitted diseases." <input type="checkbox"/> "I am, or have had sexual relations with, a man who has had sex with men." <input type="checkbox"/> "I, or my partner, have exchanged sex for drugs or money." <input type="checkbox"/> "I, or my partner, have used IV Drugs." <input type="checkbox"/> "I have had sex with multiple partners without taking precautions to prevent sexually transmitted diseases."	

Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
15. Tuberculosis	<p>___ "I have close contact with a person who has active TB."</p> <p>___ "I work in an area with high TB risk (health care, corrections, group home)."</p> <p>___ "I lived in an endemic area (SE Asia, Africa, Latin America) in the past year."</p> <p>___ "I have increased risk, due to diabetes, alcoholism, HIV."</p> <p>___ "I do not know my TB skin test status, or it has been positive."</p> <p>___ "I have received treatment for TB."</p>	
16. Aspirin Use	<p>___ "I am a man over 40 yrs old, or a woman past menopause, and I do not take daily aspirin (for heart attack and stroke prevention)."</p> <p>___ "I am allergic to aspirin or have other medical contraindications to its use."</p> <p>___ "I have other heart risks, like diabetes, smoking, high blood pressure, high cholesterol, low HDL cholesterol or family members with heart attack at younger age (male relative <50 or female relative <60)."</p>	
17. Breast Cancer Prophylaxis	<p>___ "I have a family history of breast cancer in my immediate family or dysplasia on a breast biopsy result in myself. I am also possibly interested in Tamoxifen, or other agents, to help decrease my cancer risk. I would like to discuss the potential benefit decreased cancer risk and potential hazards (stroke, blood clots and pulmonary embolism) evaluation in my situation."</p>	
18. Depression	<p>___ "Over the past two weeks, I have felt down, depressed, or hopeless."</p> <p>___ "Over the past two weeks, I have felt little interest or pleasure in doing things I usually enjoy."</p>	
19. Drug Abuse	<p>___ "I use drugs like pain killers or nerve pills regularly or frequently."</p>	
20. Nutrition	<p>___ "I make little effort to limit fat and cholesterol in my diet."</p> <p>___ "I do not get 5 to 7 servings of fruits and vegetables most days."</p> <p>___ "I have not been successful at balancing caloric intake and exercise to keep my weight stable."</p>	

Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
21. Exercise	<input type="checkbox"/> "I do not regularly get at least 30 minutes of moderate exercise most days of the week."	
22. Oral Health	<input type="checkbox"/> "I do not see a dentist regularly." <input type="checkbox"/> "I do not brush and floss every day." <input type="checkbox"/> "I smoke or chew tobacco and/or drink alcohol."	
23. Sun Exposure	<input type="checkbox"/> "Someone in my immediate family has or has had Skin Cancer." <input type="checkbox"/> "I have light skin, hair and eye color." <input type="checkbox"/> "I have freckles, and do not tan well." <input type="checkbox"/> "I go to tanning beds." <input type="checkbox"/> "I do not routinely use sunscreens." <input type="checkbox"/> "I have immunosuppression from drugs, HIV disease, or other illness."	
24. Injury Prevention	<input type="checkbox"/> "I do not always use seatbelts when I'm driving or riding in a car." <input type="checkbox"/> "I don't always wear a helmet when on a bike or motorcycle." <input type="checkbox"/> "At times I drink alcohol and drive, or ride with somebody who does." <input type="checkbox"/> "I do not have working smoke detectors in my home or don't check the batteries." <input type="checkbox"/> "I have medicines, chemicals/poisons, or firearms which are accessible to children." <input type="checkbox"/> "I sometimes worry about injury during some arguments at our home."	
25. Multi-vitamins with folic acid	<input type="checkbox"/> "I am a woman of childbearing age, I am having sexual relations and I'm not on folic acid supplements."	
26. Unintended Pregnancy	<input type="checkbox"/> "I am a sexually active (male or female) person of childbearing age." <input type="checkbox"/> "I do not desire a pregnancy, but I do not always practice methods to avoid pregnancy."	

Notes/Instructions: _____

Completed By: _____ Date: _____