

Health Risk Assessment

Please make this assessment part of the patient's permanent medical record

Send a copy of the completed assessment to FirstCarolinaCare Ins. Co.

Fax: (910) 235-7860 Attn: HRAReview

Secure Email: FCCHRA@firstcarolinacare.com

Please submit your claim to FirstCarolinaCare Ins. Co.

P.O. Box 830589

Birmingham, AL 35238-0589

EDI: 56196

Billing Code: 96160

Member Name: _____

Member Number: _____

Member Date of Birth: _____

PCP Name: _____

Date of Assessment: _____

List all Past, Current and Chronic Diagnoses (ICD-10Codes)

Z00.00			

For FirstMedicare Direct Office Use Only:

Received:	Reviewed:	Referral to Case Management
Logged:	Entered:	

Personal and Social History	
Marital Status	
Who does the patient live with?	
Caregiver	
Biological children	
Does the patient require assistance with activities of daily living?	
Agency Assistance- home health, etc.	
Diet	
Caffeine consumption	
Tobacco Use	
Alcohol Use	
Recreational Drug Use	
Current employment	
Does the patient feel safe in the home? If no, why not?	
Fall risks in the home: steps, throw rugs loose cords etc.	
Bathtub and shower have non-skid mats	
Fire hazards: space heaters or other	
Smoke/carbon monoxide detectors are installed and functional	
Medicines kept in a safe place with directions	
Other:	

Cognitive Screen	
Minicog	
Get patient's attention and ask him or her to remember three unrelated words. Ask patient to repeat the words to ensure the learning was correct.	Unable to repeat 1 word 2 words 3 words
Ask patient to draw the face of a clock. After numbers are on the face, ask patient to draw hands to read 10 minutes after 11:00 (or 20 minutes after 8:00).	Able to do Not able to do
Ask the patient to recall the three words from Step 1.	Unable to recall 1 word 2 words 3 words
Total Score:	

Saint Louis University Mental Status (SLUMS) Examination - If Minicog is positive	
What day of the week is it?	0 1
What is the year?	0 1
What state are we in?	0 1
Please remember these five objects. I will ask you what they are later: apple, pen, tie, house, car.	
You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20. How much did you spend? How much do you have left?	0 1 0 2
Please name as many animals as you can in one minute.	Naming 0-4: 0 Naming 10-14: 2 Naming 5-9: 1 Naming 15 or more: 3
What were the five objects I asked you to remember?	0 1 2 3 4 5
I am going to say a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24. 87; 649; 8537	87: 0 649: 1 8537: 1
Draw circle. This circle represents a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.	Hour markers labeled correctly 2 Correct time 2
Show a triangle, a square and a rectangle. Please place an X in the triangle.	0 1
Which of those objects is the largest?	0 1
I am going to tell you a story. Please listen carefully because afterward, I'm going to ask you some questions about it. Jill was a very successful stockbroker. She made a lot of money in the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped working and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after. What was the female's name? When did she go back to work? What work did she do? What state did she live in?	0 2 0 2 0 2 0 2
SCORING: High school education: Less than high school education:	Normal: 27-30; Mild neurocognitive disorder: 21-26; Dementia: 1-20. Normal: 25-30; Mild neurocognitive disorder: 20-24; Dementia: 1-19.
Total Score:	

PHQ2 Depression Screen		
During the past month, have you often been bothered by feeling down, depressed, or hopeless?	Yes	No
During the past month, have you often been bothered by little interest or pleasure in doing things?	Yes	No

PHQ9 Patient Health Questionnaire- If answered "Yes" to either of the above		
Little interest or pleasure in doing things	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Feeling down, depressed or hopeless	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Trouble falling, staying asleep or sleeping too much	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Feeling tired or having little energy	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Poor appetite or overeating	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Feelings of failure or letting self or family down	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Trouble concentrating	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Moving or speaking slower than usual, or being fidgety and more restless than usual	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday
Thoughts that would be better off dead or wants to hurt self	0- Not having these feelings 2- More than half the days	1- Several days 3- Nearly everyday

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Review of Systems/Physical Exam (Circle all that apply)

	Review of Systems		Physical Exam	
Nutrition	Poor appetite Weight loss Weight gain Teeth: Dentures/Edentulous/Poor condition		Cachexic Overweight Obese Albumin _____	
	Asymptomatic		WNL	
Integumentary	Rash Lumps Dry skin/Itching Skin break/Tear		Pressure ulcer Location: Stage:	Ulcer Location Stage:
	Asymptomatic		WNL	
Eyes	Change in vision Blurred vision Floaters Glaucoma	Redness Pain Glasses Cataracts	PERRLA Conjunctivitis Cataract	Glaucoma Diabetic retinopathy
	Asymptomatic		WNL	
ENT	Hearing impairment Ringing in ears Sinus pain Sinus drainage		Cerumen impaction Enlarged thyroid Adenopathy	
	Asymptomatic		WNL	
Cardiovascular	History of MI Chest pain Transplant		Irregular heart rate Murmur	
	Asymptomatic		WNL	
Respiratory	Cough Sputum		Lung sounds Rhonchi	
	Asymptomatic		WNL	
Gastrointestinal	Difficulty swallowing Nausea Constipation Diarrhea Bloody stools	Hemorrhoids Heartburn GERD Bowel incontinence Transplant	Jaundice Ascites Abdominal tenderness Palpable mass	Colostomy Ileostomy Guaiac +/-
	Asymptomatic		WNL	

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Genitourinary	<p>Frequency Urgency Burning Change in flow Renal transplant</p>	<p>Incontinence Pain on urination Urinary catheter Hematuria Erectile dysfunction</p>	<p>GFR _____ Urine dip Diabetic Nephropathy Enlarged prostate</p>	<p>Kidney stones Testicular mass</p>
	Asymptomatic		WNL	
Musculo skeletal	<p>Joint stiffness Joint pain Joint/extremity swelling Muscle weakness</p>	<p>Fracture</p>	<p>Limited ROM Amputation: Right/Left/Bilateral Location:</p>	
	Asymptomatic		WNL	
Neurological	<p>Hemiplegia Hemiparesis Vertigo Headaches Difficulty walking</p>	<p>Tremors Numbness/Tingling Seizures Loss of consciousness</p>	<p>Cranial nerves +/- Motor Nerves +/- Coordination/Gait +/- Reflexes +/-</p>	
	Asymptomatic		WNL	
Hematology	<p>Bruising Bleeding</p>		<p>Lumps Masses</p>	
	Asymptomatic		WNL	
Endocrine	<p>Heat intolerance Cold intolerance Sweating</p>	<p>Polyuria Polydipsia Polyphagia</p>	<p>Last HgbA1c _____ (Annual) Last LDL _____ (Annual) Microalbumin _____ (Annual) Eye Exam _____ (Annual)</p>	<p>Monofilament impaired Enlarged thyroid Goiter</p>
	Asymptomatic		WNL	
Psych	<p>Depression Anxiety Mental or mood problems Paranoia</p>		<p>Mood Flat Affect</p>	
	Asymptomatic		WNL	

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Please check applicable diagnoses and enter specificity notes (e.g. acuity, type, laterality, or underlying cause)

Nutrition		Cachexia	ENT		Cerumen Impaction
		Protein Calorie Malnutrition			Deafness
		Hypoalbuminemia			Sinusitis
		Obesity (BMI 30.0 – 38.9)			Allergic Rhinitis
		Morbid Obesity (BMI > 39)			Other:
	Other:				
Psych		Major Depression	Gastrointestina		Esophageal Reflux (GERD)
		Depression			Peptic Ulcer Disease (PUD)
		Depression w/anxiety			Ulcerative Colitis
		General Anxiety Disorder			Crohn’s Disease
		Bipolar Disorder			Constipation
		Schizophrenia			Bowel Incontinence
		Senile Dementia			Diarrhea
		Vascular Dementia			Chronic Hepatitis
		Alzheimer’s type Dementia			Colostomy (current)
		Dementia NOS			Gastrostomy (current)
		Alzheimer’s Disease			PEG Tube (current)
		Alcohol Abuse: __Continuous__Remission			Diverticulosis
		Drug Dependence: Continuous__Remission			Diverticulitis
		Current Tobacco Use			Alcoholic Cirrhosis
		History of Tobacco Use			Cirrhosis Other
	Other:		End Stage Liver Disease		
			Chronic Pancreatitis		
			Other:		
Eyes			Genitourinar		Urinary Incontinence
		Cataracts – History			Urinary Tract Infection
		Cataracts – Current			Impotence
		Open Angle Glaucoma			BPH
		Macular Degeneration			Chronic Kidney Disease Stage I (GFR > 90)
		Diabetic Retinopathy			Chronic Kidney Disease Stage II- Mild (GFR 60-89)
		Blindness			Chronic Kidney Disease Stage III-Moderate (GFR30-59)
		Other:			Chronic Kidney Disease Stage I – Severe (GFR15- 29)
					Chronic Kidney Disease Stage V (GFR < 15)
					End Stage Renal Disease (ESRD)
					CKD Unspecified/ Chronic Renal Insufficiency
					Dialysis
					Cystostomy Status (current)
			Other:		

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Endocrine	Diabetes w/o mention of complications	Musculoskeletal	History of or risk of falls
	Type I		Gout
	Type II		Rheumatoid Arthritis
	Controlled		Osteoarthritis/DJD (Generalized)
	Uncontrolled		Sites: _____
	Diabetes with renal manifestations		Osteoarthritis/DJD (Localized)
	Nephropathy NOS		Sites: _____
	Diabetes w/ophthalmic manifestations		Spinal Stenosis, Unspecified
	Background retinopathy		Vertebral Wedge Fracture
	Proliferative retinopathy		Osteoporosis, Unspecified
	Diabetes w/neurologic manifestations		Osteoporosis, Senile
	Peripheral autonomic neuropathy		Amputation Site: _____
	Polyneuropathy in diabetes		
	Diabetes w/peripheral circulatory manifestations		
	Peripheral Vascular Disease		
	Diabetes with other complications		
	Ulcer: Site		
	Hyperthyroidism		
Hypothyroidism			
Other:			
Integumentary	Pressure Ulcer	Neurological	Parkinson's Disease
	Ulcer (not pressure)		Multiple sclerosis
	Site: _____		Migraines
	Cellulitis		Trigeminal Neuralgia
	Site: _____		Idiopathic Peripheral Neuropathy
	Eczema		Aphasia- Late effect of stroke
	Psoriatic arthropathy		Dysphagia – Late effect of stroke
	Other Psoriasis		Hemiparesis or Hemiplegia (Late effect of stroke)
	Other:		Cognitive Deficits- Late effect of stroke
			Speech & Language Deficits- Late effect of stroke
			History of CVA/Stroke
			Seizure Disorder
			Epilepsy
			Quadriplegia
			Paraplegia
			Dysphagia
			Other:

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Cardiovascular		Hypercholesterolemia	Respiratory		Chronic Bronchitis
		Benign Hypertension			Smoker's Cough
		Unspecified Hypertension			Emphysema
		Malignant Hypertensive heart disease			Asthma
		Hypertensive Heart Disease			COPD
		Acute Myocardial Infarction			Chronic Respiratory Failure
		Old Myocardial Infarction (> 8weeks)			Supplemental O2 (current)
		Angina			Tracheostomy Status (current)
		Coronary Atherosclerosis of Native Coronary Artery			Acute Pulmonary Embolism
		History of CABG			Chronic Pulmonary Embolism
		Chronic Ischemic Heart Disease			Other:
		Cardiomyopathy			
		Congestive Heart Failure			
		Chronic Systolic Heart Failure			
		Diastolic Heart Failure			
		Combined Chronic Systolic & Diastolic Heart Failure			
		Heart Failure, Unspecified			
		Cardiomegaly			
		Edema			
		Atrial Fibrillation			
		Complete AV Block			
		Sick Sinus Syndrome			
		Atherosclerosis of Aorta			
		Atherosclerosis Renal Artery			
		Atherosclerosis of Extremities			
		Abdominal Aortic Aneurysm		Thrombocytopenia	
		Aortic Aneurysm of Unspecified		Anemia	
		Peripheral Vascular Disease		Leukemia	
		Intermittent Claudication		Lymphoma	
		History of Venous Thrombosis and Embolism			
		Heart Valve Disorder	Hematologic		
		Mitral			
	Aortic				
	Tricuspid				
	Pulmonary				
	Defibrillator/ AICD in situ secondary to:				
	Ventricular Fib/Flutter				
	Ventricular Tachycardia				
	Cardiac arrest				
	Pacemaker				
	Other:				

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Management Plan/Recommendations

Recommended Consults	Yes	Recommended Counseling/Education	Yes
PT/OT/ST		Nutrition	
Dental		Tobacco cessation	
Podiatrist		Alcohol/drug counseling	
Behavioral health		Exercise	
Social services		End of Life/Advance Directives	
Hospice		Fall prevention	
Clinical pharmacist		Home safety evaluation	
Ophthalmologist/Optomtrist		Incontinence management	
Audiology		Foot care	
Case management		Medication compliance	
Other:			
Other:		Disease Specific Recommendations - Cardiovascular	
		High blood pressure control	
		Dietary counseling	
Recommended Preventive Services		Arrhythmia evaluation	
Immunizations:		Edema management	
Mammogram		Disease management	
Cervical and pelvic examination		Peripheral vascular evaluation	
Colorectal screening		Chest pain evaluation	
Cholesterol screening		Aspirin therapy	
Eye examination		Other:	
Bone mass measurement			
Cardiac risk reduction		Disease Specific Recommendations - Diabetes	
Depression		Glucose testing	
Diabetes self-management		HgbA1C	
Obesity screening/therapy		Renal function evaluation	
Prostate screening		Urinalysis	
HIV screening		Fundoscopic examination	
Sexually transmitted diseases screening		Neurological examination of extremities	
Aspirin therapy		Foot care	
		Other:	
Disease Specific- CKD/ESRD			
Evaluation		Other Disease Specific	
Anemia screen		Anemia screening	
Blood test:		Pulmonary function	
Protein restriction counseling		Sleep apnea	
NSAID counseling		Inhaler	
Other:		Behavioral health screening	
		Alzheimer's evaluation	
		Wound care	
		Rheumatoid arthritis screening	
		Other:	

I have examined the patient and offer the recommendations noted above:

Provider Name (print): _____

Provider Signature: _____ **Date:** _____