**Adult- Required Documentation Check List**

May place one in each Adult Record to remind you of the required items during your Medical Record Audit.

Patient Name: ____________________________ Date: __________________

Allergies: ____________________ □ NKA  Reactions to Allergies: __________________

Emergency Contact #: ___________________________ Name: ____________________________

Primary Language: ___________________________ Interpreter required? □ Yes □ No

**Person/ Entity providing medical interpretation:** ____________________________

Advance Health Care Directive offered: □ Yes □ No □Refused Date: __________________

Signed Copy of the Notice of Privacy: □ Yes □ No  Consent for treatment: Yes □ No □

Release of Medical Records: □ Yes □ No  Informed Consent for invasive procedures: Yes □ No □

Last History and Physical: __________ Date last age specific SHA form completed: __________
(every 1-5 years, pending physician judgement) (SHA reviewed annually, dated and signed).

**Adult Preventive Care Screenings:**

**Abdominal aneurysm Screening:** __________________________

Alcohol Misuse: Screening and Behavioral Counseling: __________________________

Breast Cancer Screening: Mammogram: __________  (Every 1-2 years on all women starting at age 50, Concluding at age 75.) **Please note IEHP requires this screening starting at age 40.

Cervical Cancer screening: __________________________(ages 21-65) Must document total hysterectomy if applicable

Colorectal Cancer Screening: __________________________(ages 50-75 yrs.)

Depression Screening: __________  (recommended screening using PHQ in various forms)

Diabetic Screening: __________ (blood glucose ages 40-70 yrs.)  Comprehensive Diabetic Care:

Dyslipidemia Screening:  *(Universal Lipid Screening ages 40-75 yrs.): __________________

Folic Acid Supplementation: __________________(all women who are planning or capable of pregnancy)

Hepatitis B Screening: to include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg [anti-HBs], and antibody to hepatitis B core antigen [anti-HBc]: __________________
**Hepatitis C Screening:** _____________ (adults born between 1945 and 1965 should be tested once)

**High Blood Pressure Screening:** ___________ (18 years and older)

**HIV Screening:** __________ (High risk ages 15-65 yrs.)

**Intimate Partner Violence Screening:** ___________ (For women of reproductive age (14-46 yrs.) and elderly and vulnerable adults)

**Lung Cancer Screening:** __________ (CT in adults aged 55-80 who have a 30 pack -year smoking history and currently smoke or have quit within the past 15 years.)

**Obesity Screening (BMI documented)** ___________ Counseling & Behavioral interventions offered for obese adults:

**Osteoporosis Screening:** ___________ (Postmenopausal women younger than 65 years who are at increased risk of osteoporosis)

**Sexually Transmitted Infections Screening:** ___________ (Chlamydia & Gonorrhea for sexually active women under 25 yrs. old or older women who have new or multiple partners. MSM regardless of condom use or persons with HIV. Syphilis (MSM or persons with HIV shall be screened at least annually)

**Trichomonas (women who are IV drug users, exchanging sex for payment, HIV +, have Hx of STD, etc.) Herpes (men and women requesting STI evaluation who have multiple sex partners)).**

**Sexually Transmitted Infection (STI) Counseling:** ____________

**Skin Cancer Behavior Counseling:** __________ (ages 6 months to 24 years)

**Tobacco Use counseling and Interventions:** ____________

**TB risk Assessment:** ____________ (screening upon IHA and at periodic physical evaluations)

**Adult Immunizations are assessed and/or given:**

**TDAP:** __________

**Flu:** __________

**Pneumovax (65 years or older or persons who are risk):** __________

**Zoster (starting at age 50)** __________

**Varicella:** __________

**MMR:** __________

**Administration documentation:** *(name, manufacturer, and lot number)*

**Vaccine Information Statement (VIS) documentation:**

*(The date the VIS was given or presented and offered) AND the VIS publication date: __________*