



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: _____