



SoonerCare Adult Health Risk Profile

Name: _____ Date of Birth/Age: _____ Male: ___ Female: ___ MR# or SSN#: _____

Ethnicity: _____ Medications: _____ Old Records: _____

Allergies: _____ Smoker: _____ ETS: _____ Date: _____

| Screening | Annual Assessment of Risk Factors | Counseling Provided |
|---------------------------------|--|---------------------|
| 1. Vaccine-preventable diseases | Needs the following immunizations: <input type="checkbox"/> Td booster - ≥ 10 yr since last booster Date of last Td _____ <input type="checkbox"/> Hepatitis B – at increased risk <input type="checkbox"/> Varicella – nonimmune adults <input type="checkbox"/> Rubella – nonimmune females of childbearing age and health care workers without evidence of immunity or prior immunization <input type="checkbox"/> Hepatitis A – at high risk <input type="checkbox"/> Influenza - ≥ 50 yr or high risk <input type="checkbox"/> Pneumococcal ≥ 65 yr or high risk | |
| 2. Blood pressure (BP) | <input type="checkbox"/> Weight <input type="checkbox"/> BP <input type="checkbox"/> Does not exercise 30 minutes most days of week <input type="checkbox"/> First-degree family history of high blood pressure or personal history of hypertension <input type="checkbox"/> Diabetes mellitus | |
| 3. Height/weight | <input type="checkbox"/> Above healthy weight range for height OR <input type="checkbox"/> BMI > 25. Formula for calculating BMI is $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$ | |
| 4. Diabetes | <input type="checkbox"/> Adults with hypertension or hyperlipidemia | |



SoonerCare Adult Health Risk Profile

| Screening | Annual Assessment of Risk Factors | Counseling Provided |
|--------------------------------|---|---------------------|
| 5. Cholesterol | <input type="checkbox"/> In males ≥ 35 yr and females ≥ 45 yr <input type="checkbox"/> > 1 yr since previous abnormal test <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Family history of cardiovascular disease < 50 yr in male relatives, < 60 yr in female relatives <input type="checkbox"/> Family history suggestive of familial hyperlipidemia <input type="checkbox"/> Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension) | |
| 6. Pap Smear | <input type="checkbox"/> Is or has been sexually active <input type="checkbox"/> > 3 yr since last Pap Smear <input type="checkbox"/> Abnormal <input type="checkbox"/> Date | |
| 7. Mammogram | <input type="checkbox"/> ≥ 40 yr and has not had a mammogram within the past 1-2 yr <input type="checkbox"/> Family history of breast cancer | |
| 8. Colorectal cancer screening | <input type="checkbox"/> ≥ 50 yr <input type="checkbox"/> Family members who have a positive history of cancer of colon, Intestine, breast, ovaries, or uterus <input type="checkbox"/> History of polyps | |
| 9. Osteoporosis | <input type="checkbox"/> Women ≥ 65 <input type="checkbox"/> Women ≥ 60 at increased risk for fractures | |
| 10. Problem drinking | <input type="checkbox"/> Drinks > 2 drinks/day (men) or > 1 drink/day (women) | |
| 11. Vision | <input type="checkbox"/> If > 65 yr, does not see an eye doctor for regular eye exams <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Wears glasses <input type="checkbox"/> Family history of glaucoma | |
| 12. Hearing | <input type="checkbox"/> > 65 yr strains to hear a normal conversation <input type="checkbox"/> Turns up volume on TV and radio so loud that others complain | |
| | | |



SoonerCare Adult Health Risk Profile

| Screening | Annual Assessment of Risk Factors | Counseling Provided |
|---|---|---------------------|
| 13. Chlamydial infection | <input type="checkbox"/> Is sexually active and ≤ 25 yr <input type="checkbox"/> Prior history of STD <input type="checkbox"/> New or multiple sex partners <input type="checkbox"/> Had cervical ectopy <input type="checkbox"/> Uses barrier contraceptives inconsistently | |
| For Persons at High Risk | Annual Assessment of Risk Factors | Counseling Provided |
| 14. STD/HIV | <input type="checkbox"/> Contraception <input type="checkbox"/> Has or has had any one of the following risk factors: Previous STD, multiple sex partners, or shared needles | |
| 15. Tuberculosis (TB) infection | <input type="checkbox"/> Close contact with a person who has active TB <input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risk factors (e.g. diabetes, HIV, alcoholism) <input type="checkbox"/> PPD status <input type="checkbox"/> INH | |
| Chemoprevention | Annual Assessment of Risk Factors | Counseling Provided |
| 16. Discuss aspirin to prevent Coronary heart disease | <input type="checkbox"/> At risk for coronary heart disease | |
| 17. Discuss breast cancer Chemoprevention | <input type="checkbox"/> Women of older age <input type="checkbox"/> Breast cancer in first degree relative <input type="checkbox"/> Atypical hyperplasia or breast biopsy | |
| Screening | Annual Assessment of Risk Factors | Counseling Provided |
| 18. Tobacco use | <input type="checkbox"/> Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco <input type="checkbox"/> Is exposed to tobacco smoke regularly <input type="checkbox"/> Number of packs per day <input type="checkbox"/> Carcinoma <input type="checkbox"/> Coronary artery disease | |



SoonerCare Adult Health Risk Profile

| Screening | Annual Assessment of Risk Factors | Counseling Provided |
|----------------------------------|--|---------------------|
| 19. Alcohol/drug use | <input type="checkbox"/> Long-term use of certain prescription drugs <input type="checkbox"/> Has had medical/social problems related to alcohol or drug use <input type="checkbox"/> Uses or has used "street drugs" | |
| 20. Nutrition | <input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain caloric balance in diet, or eat foods containing fiber | |
| 21. Physical activity | <input type="checkbox"/> Does not exercise 30 minutes most days | |
| 22. Oral Health | <input type="checkbox"/> Poor dental hygiene (e.g. does not brush with a fluoride toothpaste and floss daily) <input type="checkbox"/> Does not see a dentist regularly <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol | |
| 23. Sun exposure | <input type="checkbox"/> Immunosuppression <input type="checkbox"/> Family history of skin cancer <input type="checkbox"/> Freckles and poor tanning ability <input type="checkbox"/> Light skin, hair, and eye color | |
| 24. Injury prevention | <input type="checkbox"/> Does not use seatbelts when in a motor vehicle <input type="checkbox"/> Does not use a helmet when on a bike/motorcycle <input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does <input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children <input type="checkbox"/> Does not have working smoke detectors in the home <input type="checkbox"/> At risk for battering or abuse (emotional, verbal, or physical) | |
| 25. STD/HIV | <input type="checkbox"/> Contraception <input type="checkbox"/> Previous STD, multiple sex partners, or shared needles | |
| 26. Unintended pregnancy | <input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method | |
| 27. Multivitamin with folic acid | <input type="checkbox"/> Sexually active female of childbearing age | |
| | | |



SoonerCare Adult Health Risk Profile

| Screening | Annual Assessment of Risk Factors | Counseling Provided |
|------------------|--|---------------------|
| 28. Osteoporosis | <input type="checkbox"/> Does not do weight-bearing exercises <input type="checkbox"/> Does not get adequate calcium <input type="checkbox"/> Low body weight <input type="checkbox"/> Caucasian female <input type="checkbox"/> Hormone replacement therapy (HRT) <input type="checkbox"/> Menopause at \leq 40 yr | |

Notes/Instruction: _____

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Note: Information based on U.S. Preventive Services Task Force recommendations.
 ETS = environmental tobacco smoke; Td = tetanus-diphtheria; BMI = body mass index; HIV – human immunodeficiency virus;
 STD = sexually transmitted disease; PPD = tuberculin purified protein derivative; INH = isoniazid.

First published in A Step-by-Step Guide to Delivering Clinical Preventive Services: A systems approach. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Rockville, MD, 20001. AHRQ Pub. No. APPIP01-0001.

Revised January 2003.