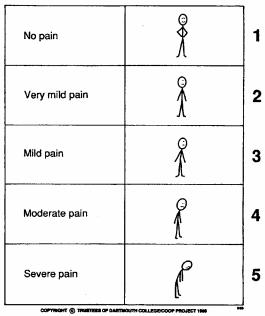
C.A.R.E. Vital Signs (For Adults Aged 19+)				
Provider	Copy: Complete on	new patients or if not comple	ted in past year	
Patient Name: <u>Cindv</u>	Jones	Date: <u>1/1/02</u> ID #:	0097007	
What does patient want to	•			
Wants to deal	(finally) with the feel	ing that have been upsetting h	er for a long	
Measure or Question	Clinical Flag	Planned Car	Planned Care Standing Orders	
Check	Activation	Reinforced	Engineering	
Height 5-5 BMI 22	(Circle when noted) BMI 25 -30 →	Web-Based* HYH: Exercise/Eating	Practice-Based**	
Weight 130	BMI 23 - 30 →	add Diet Evaluation		
BP <u>130 70</u>	>140/80 → <100/60 →	HYH: Common Medical		
Pulse 70 RR 14	<50; >100; irregular short of breath			
Any of the following:	Any concerns:	For condition management use		
 Hypertension Cardiac/Vascular Disease 		www.howsyourhealth.com		
Diabetes				
 Lung Problems/Asthma Other 		HYH: Common Medical		
	Or no previous use HYH	1		
Feeling Score 5	Condition Form	HYH: Feelings/Emotion	Phone follow-up for patients with	
(see reverse)	4 or 5 \rightarrow	Evaluation	Feelings/Emotion	
Pain Score 4 (see reverse)	4 or 5 \rightarrow	HYH: Pain Evaluation	Phone follow-up for patients with Pain	
Are your Pills making you ill? (Yes, no, maybe, not taking)	Yes or Maybe	HYH: Common Medical		
Not Good Health Habits (see reverse)	4 or 5	HYH: Health Habits		
How confident are you that you can control and manage most of your health problems? (Very, Somewhat, Not at All)	Somewhat or Not \rightarrow	HYH: Self-Management Module	$\mathbf{>}$	
Prevention: Circle if		Patient Instructions: Based	on Discussion with your Provider.	
Female Only**	50-69 Mammogram q1 yr	70+ Any checks or circles above? next visit or phone contact.	Go to the web site before our	
	Pap q 3 yr	— After today's visi	it, we will call you	
Male Only**		twice to check on		
	\frown	please use the pr form from the we	<u> </u>	
Both**	<u>Hemoccult q 1 yr</u>	web when you ta		
** Criteria to be completed	by the office.			
*When instructed for the read	sons listed above. OP for a r	neneral health "check-up " OR the HVH	Chanters OR other special forms	

*When instructed for the reasons listed above, *OR* for a general health "check-up," *OR* the HYH Chapters, OR other special forms recommended by the office, go to *www.howsyourhealth.com* and type in <u>*happyhith*</u> when you are asked for your passcode.** Criteria to be completed by the office. Some Engineering options include phone follow up, nurse visits, e-mail and group visits.

PAIN

During the past 4 weeks . . . How much bodily pain have you generally had ?



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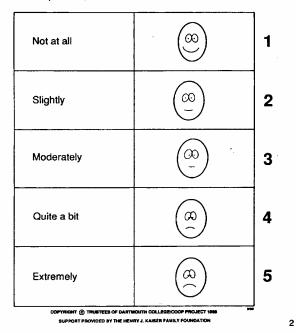
Height in Shoes	Weight Range "Normal"*	BMI 30+ Seriously Overweight
4'10"	91-119	145
4'11"	94-124	150
5'	97-128	156
5'1"	101-132	162
5'2"	104-137	167
5'3"	107-141	173
5'4"	111-146	179
5'5"	114-150	184
5'6"	118-155	190
5'7"	121-160	195
5'8"	125-164	200
5'9"	129-169	206
5'10"	132-174	212
5'11"	136-179	217
6'	140-184	223
6'1"	144-189	229
6'2"	148-195	234
6'3"	152-200	240
6'4"	156-205	245
6'5"	160-211	250
6'6"	164-216	255

*(BMI 25–29 "overweight" is between upper range of normal and BMI 30+ "seriously overweight")

FEELINGS

During the past 4 weeks . . . How much have you been bothered by emotional problems such as feeling anxious,

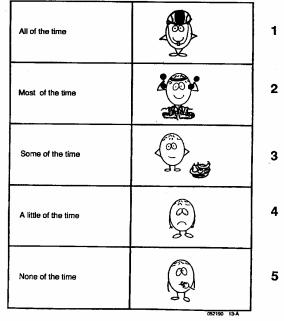
depressed, irritable or downhearted and blue ?



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HEALTH HABITS ..

During the past month, how often did you practice good health habits such as; using a seat belt, getting exercise, eating right, getting enough sleep or wearing safety helmets?



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