

C.A.R.E. Vital Signs (For Adults Aged 19+)

Provider Copy: Complete on new patients or if not completed in past year

Patient Name: Cindy Jones **Date:** 1/1/02 **ID #:** 0097007

What does patient want to discuss or expect to be done at this visit:

Wants to deal (finally) with the feeling that have been upsetting her for a long

Measure or Question Check	Clinical Flag Activation <i>(Circle when noted)</i>	Planned Care Standing Orders	
		Reinforced Web-Based*	Engineering Practice-Based**
Height <u>5-5</u> BMI <u>22</u> Weight <u>130</u>	BMI 25 -30 → BMI 30+ →	HYH: Exercise/Eating add Diet Evaluation	
BP <u>130 /70</u>	>140/80 → <100/60 →	HYH: Common Medical	
Pulse <u>70</u> RR <u>14</u>	<50; >100; irregular short of breath		
Any of the following: <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiac/Vascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Lung Problems/Asthma <input type="checkbox"/> Other	Any concerns: _____ _____ _____ _____ Or, no previous use HYH Condition Form	For condition management use www.howsyourhealth.com HYH: Common Medical	
Feeling Score <u>5</u> <i>(see reverse)</i>	4 or 5 →	HYH: Feelings/Emotion Evaluation	Phone follow-up for patients with Feelings/Emotion
Pain Score <u>4</u> <i>(see reverse)</i>	4 or 5 →	HYH: Pain Evaluation	Phone follow-up for patients with Pain
Are your Pills making you ill? <i>(Yes, no, maybe, not taking)</i>	Yes or Maybe	HYH: Common Medical	
Not Good Health Habits <i>(see reverse)</i> <u>2</u>	4 or 5 →	HYH: Health Habits	
How confident are you that you can control and manage most of your health problems? <i>(Very, Somewhat, Not at All)</i>	Somewhat or Not →	HYH: Self-Management Module	

Prevention: Circle if not completed.

	19-49	50-69	70+
Female Only**		Mammogram q1 yr	
		Pap q 3 yr	
Male Only**			
Both**		Hemoccult q 1 yr	

** Criteria to be completed by the office.

Patient Instructions: Based on Discussion with your Provider. Any checks or circles above? Go to the web site before our next visit or phone contact.

After today's visit, we will call you twice to check on your progress; please use the problem solving form from the web form on the web when you talk to us.






*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 happyhlth 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.

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")

PAIN






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

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

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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 ?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

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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?

All of the time		1
Most of the time		2
Some of the time		3
A little of the time		4
None of the time		5

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