BCMH COMPREHENSIVE PHN ASSESSMENT FORM

INITIAL VISIT DATE:	NAME:	DOB:	M F	CASE #

PHN:	LOA DATES:	TWP:

BCMH MANAGING PHYSICIAN:	PRIMARY CARE PHYSICIAN:
BCMH SERVICE COORDINATOR:	DENTIST:
SERVICE COORDINATION PLAN CURRENT: Yes No	

MEDICAL DIAGNOSES (from LOA and reported by caregiver)

DIAGNOSIS	CODE #	PHN FOLLOW-UP

INFORMANT'S NAME / RELATIONSHIP:

CHANGES FAXED TO BCMH - COLUMBUS (614) 728-3616

LOA:

FAMILY STATUS:

ADDRESS:

SERVICE NEEDS:

MEDICAID:

INSURANCE:

REVIEWED USE OF EMS / 911:

DIRECTIONS TO HOME:

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INITIAL VISIT DATE:	NAME:	DOB:

MEDICAL / DENTAL
Immunizations Up to Date: Yes No If No, Why? In Progress (by report/PHN reviewed record) Needs:
Family Immunizations Reviewed: Yes No recommendations made as needed
Prenatal History: C-Section Vaginal Birth Weight: Birth Length: Prematurity:
(maternal total weight gain, use of folic acid prior to conception)
Current Condition History:

SPECIALTY	NAME	LAST SEEN	RESULTS/COMMENTS	NEXT APPT
Managing Physician	see page 1			
Primary Care Physician	see page 1			
Dentist	see page 1			

HOSPITALIZATIONS	DOCTOR	DATES	REASON	MEDICAL BILLS	BCMH COVERED

MEDICATION	DOSAGE	FREQUENCY	COMMENTS

BCMH COMPREHENSIV[illegible] PHN ASSESSMENT FORM

INITIAL [illegible]SIT DATE:	NAME:	DOB:

(CHECK APPROPRIATE BOX BELOW)

SYSTEMS REVIEW (OBSERVATIONS AND/OR BY REPORT)	PHN observed WNL	Parents deny concerns
HEAD: (circumference, symmetry, pain, infestation)		
NEURO: (alertness, dizziness, vertigo, seizures, tics, deficits)		
EYES: (vision, corrective lenses, inflammation)		
NOSE: (smell, inflammation, allergy)		
MOUTH: (oral function, color, sucking, chewing, salivation, swallowing, abnormality, tooth development, caries, bracing)		
SKIN: (color, temp, turgor, scars, sensation, bruises, lesions, café au lait spots, pigment, nails, feet)		
EARS: (hearing aides, abnormality, drainage, pain)		
HEART / CARDIOVASCULAR: (BP, pulse, fatigue, chest pain, edema)		
PULMONARY: (respirations, lung sounds, chest symmetry, sputum, cough)		
GASTROINTESTINAL: (bowel function, bowel movement consistency, color, frequency)		
GENITOURINARY: (urine amount, frequency and color, continence, menses, abnormality, sexual development)		
MUSCULOSKELETAL: (mobility, gait, strength, symmetry, activity)		