**CONNECTICUT DEPARTMENT OF DEVELOPMENTAL SERVICES**

**HEALTH INFORMATION CHECKLIST**

**Name**:       **DDS**:       **DOB**:

**Information Source(s):**  Individual  Visual Assessment  Medical Record

Report of other (specify):

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| **Allergies**: |
| **Appearance concerns**:  Check here if no problems  Hygiene  Grooming  Clothing  Other/comments: |
| **Skin/Scalp**:  Check here if no problems  Wounds  Pressure ulcer  Rash  Acne  Scars  Dryness  Itching  Dandruff  Masses  Growths  Skin changes  Other/comments: |
| **Feet**:  Check here if no problems  Athlete’s foot  Fungal nails  Ingrown nails  Overgrown nails  Bunion  Corn  Callus  Flat feet  Swelling  Pain  Numbness  Other/comments: |
| **Eyes:**  Check here if no problems  Glasses  Visual impairment  Legally blind  Cataracts  Glaucoma  Double vision  Reddened sclera  Itch/pain/tearing  Macular degeneration  Other/comments: |
| **Ear/Nose/Throat:**  Check here if no problems  Hearing impairment  Ear aches/infections  Tinnitus  Vertigo  Hearing aids  Refuses hearing aid  Excess wax  Nasal allergies  Nasal congestion  Sinus infection  Nose bleeds  Sore throat  Hoarseness  Other/comments: |
| **Mouth**:  Check here if no problems  Dentures  Mouth pain  Mouth sores  Tooth pain  Missing teeth  Gums bleeding  Gums inflamed  Refuses dentures  Dental treatment regime  Dental hygiene need  Other/comments: |
| **Gastrointestinal**:  Check here if no problems  Dysphagia  GERD/Heartburn  Constipation  Loose stools  Bowel movement changes  Vomiting/Nausea  Dehydration  Rectal bleeding  Hemorrhoids  J, G or NG tube  Colostomy/Ileostomy  Dietary Restrictions:  Other/comments: |
| **Cardiologic/vascular**:  Check here if no problems  HTN  Chest pain  PRN med for chest pain  Heart palpitations  Heart disease  Fainting  Murmur  Difficulty breathing on exertion  Edema  A-Fib  Pacemaker  Hypotension  Orthostatic hypotension  Varicose veins  Other/comments: |
| **Musculoskeletal**:  Check here if no problems  Back pain  Stiffness  Muscle weakness  Decreased ROM  Arthritis  Osteoporosis  Concerns walking  Gait disturbance  Osteopenia  Scoliosis  Loss of balance  Spascity  Ktare  Joint pain  Fractures:  Other/comments: |
| **Respiratory**:  Check here if no problems  Shortness of breath  Cough  Wheeze  Coughing/spitting blood  Asthma  Aspiration  Choking  Congestion  Sleep apnea  COPD  Oxygen use  Suctioning  Pneumonia  Aspiration pneumonia  Percussion therapy  Postural therapy  Cyanosis  Bronchitis  Tracheostomy  Other/comments: |
| **Genitourinary/Renal**:  Check here if no problems  Pain with urination  Urgency  Leaking urine  Frequent urination  Incontinent  UTI  Blood in urine  Kidney disease  Kidney stones  Dialysis  Catheter  Difficulty urinating  Other/comments: |
| **Constitutional**:  Check here if no problems  Change in appetite  Chills  Fatigue  Fever  Weight loss  Weight gain  Insomnia  Wake feeling unrested  Other/comments: |
| **Neurological or Head**:  Check here if no problems  Seizures  Migraines  Headaches  Tingling  Numbness  Dizziness  Head injury  TBI  TD  Tremor  Fainting  Trouble w/coordination/walking  Alzheimers  Dementia  Other/comments: |
| **Endocrine**:  Check here if no problems  Abnormal thirst  Hair loss  Excess hair  Diabetes  Hypothyroid  Hyperthyroid  Other/comments: |
| **Hematologic/Immunologic**:  Check here if no problems  Bruise easily  Bleeding  Anemia  Blood disorder:        Autoimmune disorder:  Other/comments: |
| **Sensory**:  Check here if no problems  Sensitive to touch  Sensitive to noise  Motion sickness  Other/comments: |
| **Gynecologic**:  Check here if no problems  Irregular menses  Missed periods  Pain w/periods  Heavy periods  Post-menopause  PMS  Hormonal therapy  Birth control:        Pelvic/genital pain  Itching  Vaginal Discharge  Vaginal sores  STD:        Pain/bleeding w/intercourse  Breast lumps  Breast discharge  Breast biopsies  Self breast exam skills  Last Mammogram:        Last Pap:  Pregnancies:        Miscarriage:        Abortion  Hysterectomy  Polycystic ovary disease  Other/comments: |
| **Male Health**:  Check here if no problems  Prostate exam:        Testicular self-exam skills  Genital sores  Discharge from penis  STD:        Contraception use:  Other/comments: |
| **Psychosocial**:  Check here if no problems  Anxiety/Nervousness  Depression  Disoriented  Frequent crying/sadness  Increase in sleep  Decrease in sleep  Change in sleep pattern  Change in usual activities  Hallucinations  Fearful  Withdrawn  Lonely  Irritable  Angry  Usual stressors  Adel SI  Delusional  Other/comments: |
| **Behavior Concerns**:  Check here if no problems  Pica  Self-injurious:        Destructive  Assaultive  Running away  Verbally abusive  Other/comments: |
| **Health Habits**: \*Indicate type, frequency and amount  Smoking\*:        Alcohol use\*:        Drug use\*:  Exercise\*:        Practices safe sex  Other/comments: |
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