**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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