COMPREHENSIVE HEALTH ASSESSMENT SCREENING FORM

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| **Name:** |  |
| **Date of Birth:** |  |
| **Date of Assessment:** |  |
| **Person Performing Assessment:** |  |

General Health Status

**Current Health Conditions**

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**Medications**

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| **Medication** | **Dose** | **Frequency** |
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**Allergies**

*(Any known drug or environmental allergies)*

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Physical Health Review

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| **Weight (kgs)** |  | **Height (cm)** |  |

**Vision and Hearing**

*(Date of last check-up and results, if available)*

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**Oral Health**

*(Last dental visit and findings)*

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**Mobility**

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|  | **Independent** |  | **Requires Assistance** |  | **Dependent** |

**Mobility Aid**

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**Skin Health**

*(Check for pressure ulcers, rashes or other skin issues)*

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Mental Health & Behavioural Overview

**Psychiatric History**

*(Any recent diagnosis or behavioural changes)*

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**Mood & Behaviour**

*(Notable changes or concerns, such as aggression, anxiety)*

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**Cognitive Function**

*(Overview of cognitive status or any recent evaluations)*

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**Medical Screening**

Have you had any cancer screenings recently (e.g., mammogram, colonoscopy, pap smear, prostate exam)? If so, when was the last one, and what were the results?

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**Cholesterol Screening**

When was your most recent cholesterol screening? Did you receive any results for your cholesterol levels (LDL, HDL, triglycerides)?

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**Diabetes Screening**

*Have you been tested for diabetes recently? If so, what were the results of your last blood glucose or HbA1c test?*

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**Health Concerns Raised**

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**Are you currently seeing any specialists for your health conditions?**

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