

Adult Health Risk Profile

Name: _____ Date of Birth/Age: _____ Male: _____ Female: _____ MR# or SS#: _____
 Ethnicity: _____ Medications: _____ Old Records: _____
 Allergies: _____ Smoker: _____ ETS: _____ Date: _____

Screening	Annual Assessment of Risk Factors	Counseling Provided
1. Vaccine-preventable diseases	Needs the following immunizations: ___ Td booster—≥10 yr since last booster ___ Date of last Td _____ ___ Hepatitis B—at increased risk ___ Varicella—nonimmune adults ___ Rubella—nonimmune females of childbearing age and health care workers without evidence of immunity or prior immunization ___ Hepatitis A—at high risk ___ Influenza—≥50 yr or high risk ___ Pneumococcal—≥65 yr or high risk	
2. Blood pressure (BP)	___ Weight ___ BP ___ Does not exercise 30 minutes most days of week ___ First-degree family history of high blood pressure or personal history of hypertension ___ Diabetes mellitus	
3. Height/weight	___ Above healthy weight range for height OR ___ BMI >25. Formula for calculating BMI is $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$	

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Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
4. Cholesterol	<input type="checkbox"/> In males ≥35 yr and females ≥45 yr <input type="checkbox"/> >1 yr since previous abnormal test <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Family history of cardiovascular disease < 50 yr in male relatives, <60 yr in female relatives <input type="checkbox"/> Family history suggestive of familial hyperlipidemia <input type="checkbox"/> Multiple coronary heart disease risk factors (e.g., tobacco use, hypertension)	
5. Diabetes	<input type="checkbox"/> Adults with hypertension or hyperlipidemia	
6. Pap smear	<input type="checkbox"/> Is or has been sexually active <input type="checkbox"/> >3 yr since last Pap smear <input type="checkbox"/> Abnormal <input type="checkbox"/> Date	
7. Mammogram	<input type="checkbox"/> ≥40 yr and has not had a mammogram within the past 1–2 yr <input type="checkbox"/> Family history of breast cancer	
8. Colorectal cancer screening	<input type="checkbox"/> ≥50 yr <input type="checkbox"/> Family members who have a positive history of cancer of colon, intestine, breast, ovaries, or uterus <input type="checkbox"/> History of polyps	
9. Osteoporosis	<input type="checkbox"/> Women ≥ 65 <input type="checkbox"/> Women ≥ 60 at increased risk for fractures	
10. Problem drinking	<input type="checkbox"/> Drinks >2 drinks/day (men) OR >1 drink/day (women)	
11. Vision	<input type="checkbox"/> If >65 yr, does not see an eye doctor for regular eye exams <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Wears glasses <input type="checkbox"/> Family history of glaucoma	

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Adult Health Risk Profile (cont.)

Screening	Annual Assessment of Risk Factors	Counseling Provided
12. Hearing	<input type="checkbox"/> >65 yr strains to hear a normal conversation <input type="checkbox"/> Turns up volume on TV and radio so loud that others complain	
13. Chlamydial infection	<input type="checkbox"/> Is sexually active and ≤25 yr <input type="checkbox"/> Prior history of STD <input type="checkbox"/> New or multiple sex partners <input type="checkbox"/> Had cervical ectopy <input type="checkbox"/> Uses barrier contraceptives inconsistently	
For Persons at High Risk	Annual Assessment of Risk Factors	Counseling Provided
14. STD/HIV	<input type="checkbox"/> Contraception <input type="checkbox"/> Has or has had any one of the following risk factors: Previous STD, multiple sex partners, or shared needles	
15. Tuberculosis (TB) infection	<input type="checkbox"/> Close contact with a person who has active TB <input type="checkbox"/> Occupational high risk (health care, correctional, residential, etc.) <input type="checkbox"/> Lived in endemic area in the past year (SE Asia, Africa, Latin America) <input type="checkbox"/> Medical risk factors (e.g., diabetes, HIV, alcoholism) <input type="checkbox"/> PPD status <input type="checkbox"/> INH	
Chemoprevention	Annual Assessment of Risk Factors	Counseling Provided
16. Discuss aspirin to prevent coronary heart disease	<input type="checkbox"/> At risk for coronary heart disease	
17. Discuss breast cancer chemoprevention	<input type="checkbox"/> Women of older age <input type="checkbox"/> Breast cancer in first degree relative <input type="checkbox"/> Atypical hyperplasia or breast biopsy	

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Adult Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
18. Tobacco use	<input type="checkbox"/> Currently smokes cigarettes, cigars, or pipes or uses smokeless tobacco <input type="checkbox"/> Is exposed to tobacco smoke regularly <input type="checkbox"/> Number of packs per day <input type="checkbox"/> Carcinoma <input type="checkbox"/> Coronary artery disease	
19. Alcohol/drug use	<input type="checkbox"/> Long-term use of certain prescription drugs <input type="checkbox"/> Has had medical/social problems related to alcohol or drug use <input type="checkbox"/> Uses or has used "street drugs"	
20. Nutrition	<input type="checkbox"/> Does not limit intake of fat and cholesterol, maintain caloric balance in diet, or eat foods containing fiber	
21. Physical activity	<input type="checkbox"/> Does not exercise 30 minutes most days	
22. Oral health	<input type="checkbox"/> Poor dental hygiene (e.g., does not brush with a fluoride toothpaste and floss daily) <input type="checkbox"/> Does not see a dentist regularly <input type="checkbox"/> Smokes or chews tobacco and/or drinks alcohol	
23. Sun exposure	<input type="checkbox"/> Immunosuppression <input type="checkbox"/> Family history of skin cancer <input type="checkbox"/> Freckles and poor tanning ability <input type="checkbox"/> Light skin, hair, and eye color	
24. Injury prevention	<input type="checkbox"/> Does not use seatbelts when in a motor vehicle <input type="checkbox"/> Does not use a helmet when on a bike/motorcycle <input type="checkbox"/> Drinks alcohol and drives, or rides with someone who does <input type="checkbox"/> Medicines, chemicals/poisons, or firearms are accessible to children <input type="checkbox"/> Does not have working smoke detectors in the home <input type="checkbox"/> At risk for battering or abuse (emotional, verbal, or physical)	

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Adult Health Risk Profile (cont.)

Counseling	Annual Assessment of Risk Factors	Counseling Provided
25. STD/HIV	<input type="checkbox"/> Contraception <input type="checkbox"/> Previous STD, multiple sex partners, or shared needles	
26. Unintended pregnancy	<input type="checkbox"/> Sexually active male or sexually active female of childbearing age <input type="checkbox"/> Does not desire a pregnancy/is not using a reliable birth control method	
27. Multivitamin with folic acid	<input type="checkbox"/> Sexually active female of childbearing age	
28. Osteoporosis	<input type="checkbox"/> Does not do weight-bearing exercises <input type="checkbox"/> Does not get adequate calcium <input type="checkbox"/> Low body weight <input type="checkbox"/> Caucasian female <input type="checkbox"/> Hormone replacement therapy (HRT) <input type="checkbox"/> Menopause at <40 yr	

Notes/Instructions: _____

Completed by: _____ Date: _____
 Reviewed by clinician: _____ Date: _____

Note: Information is based on U.S. Preventive Services Task Force recommendations.
 ETS = environmental tobacco smoke; Td = tetanus-diphtheria; BMI = body mass index; STD = sexually transmitted disease; HIV = human immunodeficiency virus; PPD = tuberculin purified protein derivative; INH = isoniazid.

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