



Student Resource Guide

4. Preventive Health Care and Advocacy



Student Resource Guide: SESSION 4

Preventive Health Care and Advocacy

OUTCOMES

- When you finish this session, you will be able to:
- ▶ Identify components of a healthy lifestyle.
 - ▶ Identify components of a typical preventative physical examination.
 - ▶ Identify best practices for making a medical appointment.
 - ▶ Identify best practices for supporting an individual in preparing for a medical appointment.
 - ▶ Document telephone contact and visits with doctors or other health care providers.
 - ▶ Identify ways to be a health care advocate for individuals.

KEY WORDS

- Advocacy:** Helping people help themselves.
- Health History:** A document that has both medical history and current information about an individual's unique health care needs.
- Mammogram:** An X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.
- Preventive Health Care:** Assessment of risk; be proactive, starting at a young age, to prevent delays in potential treatment or to manage conditions.
- PSA:** A prostate cancer blood-screening test.
- Sexually Transmitted Disease (STD):** Infections passed from person to person through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood.

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A Healthy Lifestyle

As a DSP, part of your job is to help individuals achieve the best possible health. Healthy people live longer, have an improved quality of life, and experience less injury and illness. Adopting a healthy lifestyle is central to aging well and maintaining independence while maximizing quality of life. In Year I of the training, you learned about healthy habits. Those healthy habits are all part of a healthy lifestyle.

What do we mean when we say “healthy lifestyle?” According to the United States Department of Health and Human Services, a healthy lifestyle consists of the elements that follow.

Healthy Eating

Obesity and being overweight have become national epidemics. Making healthy eating choices could be a family or individual priority. One way to eat healthy is to remember “five a day.” Eat at least five servings of fruits and vegetables each day. Choose foods high in fiber and low in fat. When eating out, choose “Heart Healthy” or “Light” items from the menu. In the next session we will examine healthy eating more closely.

Physical Activity

Regardless of an individual’s present level of fitness, it can be improved with a mild to moderate increase in activity. Fitness goals should focus on cardiovascular endurance, strength, and flexibility. Talk to a doctor before starting an exercise program. In the next session you will learn more about physical activity and hear some ideas to help individuals become more active.

Mental Stimulation

What does mental stimulation have to do with a healthy lifestyle? Our mental state can affect physical health. Keep learning new things. Go places you never have been before. Meet new friends. Play games. Keep up on current events. Read or watch the news and other educational programs.

Not Smoking

If you don’t smoke, don’t start. If you do, consider quitting or, at least, cutting down. A variety of new aids are available for smokers who are trying to quit. Consult with your doctor. If you do smoke, be respectful of others.

A Healthy Lifestyle (continued)

Active Social Engagement

Just as in mental stimulation, social engagement can improve quality of life. Staying home alone and being sedentary contributes to other health problems such as overeating, isolation, or depression. Contribute to your community. Get out and enjoy life.

Maintain a Safe Environment

A safe environment can contribute to a healthy lifestyle in many ways. For example, a fall in the home can lead to lifelong health problems. Check your home frequently for dangers such as tripping hazards, exposed wiring, or burned out light bulbs. Use a smoke detector and change the batteries. Prevention is the number one priority.

Social Support

We all need help at times. Maintaining a network of social support is vital to mental and physical health. Teachers, social workers, and regional center case managers can provide social support. They have access to resources that help people maintain their independence such as transportation, social services, respite and child-care, and other social supports. Friends, family, and co-workers are other sources of social support.

Regular Health Care

Routine health care starting in infancy and continuing throughout life is critical for maintaining a healthy lifestyle. This includes dental care and hearing and vision screenings. If the cost is a problem or if you don't know where to go to find resources, talk to your regional center service coordinator. We will discuss resources later in this session.

In this session we will focus on learning about regular preventive health care and how to advocate for individuals.

ACTIVITY

Healthy Lifestyles

Directions: Think of your own activities during a typical day, fill in an activity that corresponds with each element of a healthy lifestyle in the first column. If you don't have an activity for the category, write down what you could do in the second column.

Elements of a Healthy Lifestyle	Activity	What could you do differently?
<i>Healthy Eating</i>		
<i>Physical Activity</i>		
<i>Mental Stimulation</i>		
<i>Not Smoking</i>		
<i>Active Social Engagement</i>		
<i>Maintaining a Safe Environment</i>		
<i>Social Support</i>		
<i>Regular Health Care</i>		

Preventive Health Care

Persons with developmental disabilities may be at increased risk for conditions that can relate to the disability. For example, there is a greater risk of pressure sores for people who may have limited mobility. This is preventable as are many other risks. It is very important to practice preventive health care. Preventive health care is when you assess for risk and are proactive, starting at a young age, to prevent, delay or manage conditions.

Preventive Health Care and the IPP

All Community Care Facilities must ensure that each person has access to all needed medical and dental services and that their health care needs are met. Each person's Individualized Program Plan (IPP) should specify how frequently preventive routine physical examinations and other routine health care are to be obtained. The IPP should also include activities that contribute to an overall healthy lifestyle and other types of supports an individual may need to maintain the best possible health. The planning team's decision for what to include in the IPP will be based on the recommendations of the person's doctor, the individual's current health status, family history, age, gender, skills, abilities, and needs. Good care depends upon the coordinated, effective teamwork of all people involved in the individual's health care.

Routine Examinations

A complete physical examination and accompanying lab work provides important information on a person's health status. It also provides useful information against which subsequent test results can be compared. The primary care doctor should complete Physician's Report for Community Care Facilities, found in Appendix 4-A, upon conducting a physical examination.

Routine physical examinations should include:

- An examination by the doctor.
- Talking with the doctor about general health, questions, and concerns.
- Measurement of height and weight and blood pressure.
- Review of immunization status and giving immunizations as needed.
- Procedures called for because of risk factors, age, or gender. This includes lab work as necessary such as tests for blood glucose, cholesterol, hemoglobin, thyroid, and serum blood levels as indicated by the medications the individual is taking.
- Vision and hearing screening, which is very important in older persons.

Health Screening Guidelines

Beyond childhood and as we get older, the frequency of various types of screenings should increase for both men and women. In general, individuals in your care may need annual, routine exams because of regulations such as Title 22 or Medicaid. In addition, health care is moving toward age, gender, and risk schedules based upon risk factors unique to each

individual; for example, family history of a specific disease. It's important to find out from the individual's primary care physician what is recommended for routine or special physical examinations.

The following health screening guidelines are based on the *Report of the U. S. Preventive Services Task Force*, which is updated regularly.

Health Screening Guidelines (continued)

Generally speaking, if an individual is 18 to 64 years old, health check-ups should be done every one to three years, depending on health and risk factors. For those who are 65 years of age or older, the individual should have a check-up every year.

A major concern is the low rate at which gender-related health screening takes place for men and women with developmental disabilities. Findings from a recent review of health records (for women receiving regional center services in one California county during a one-year period) indicate that only 22% of women 40 years of age or older had a mammogram and only 4% of the women 18 years of age or older had a pap smear. In effect, this means that older women were getting mammograms about every five years (recommended every one to two years after menopause), and pelvic examinations about every 20 years (recommended every one to three years for all women). Clearly, these rates are unacceptable. Among women without disabilities, 80% have a pap smear every two years. It is important for you to be aware of age- and gender-related screening guidelines to assist in the identification of individual needs.

Self-Exams

Health screening starts with self-examination. If the individual is able (with or without prompting), he or she should complete regular (or at least monthly) breast and testicular self-exams. When conducting a self-examination, one is looking for change in tissue density (lumps), contours, and the like. Self-examination of a woman's genital area can also be helpful to check sores, warts, or red swollen areas. A doctor, nurse, or health educator can help individuals in your care learn self-examinations procedures.

Clinical Breast and Pelvic Exams

Clinical breast examinations (in women) should start at age 20 and be done every one to two years. (If the woman has a mother or sister with breast cancer prior to menopause, an earlier start may be warranted.) These exams are done by physicians, practitioners, or gynecologists. A pelvic examination, which includes a pap smear, should be done every one to three years starting when a woman becomes sexually active or older than 21, whichever occurs earlier. Pap smears detect 90 to 95% of cervical cancers.

Mammograms

A mammogram is an X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts. Most guidelines call for mammograms every one to two years after age 40, starting earlier if breast cancer is evident within the family.

Breast cancer is the leading cause of cancer deaths among women 40 to 55 years of age. Breast self-examination, clinical breast exams, and mammograms can save lives.

Screening for Prostate Cancer

A prostate cancer blood-screening called a PSA should be performed starting at age 50 and yearly thereafter.

Cancer of the prostate gland is the most common cancer in men and the second leading cause of cancer deaths in men. Most prostate cancer, however, occurs after age 65. The risk is higher than average among African-American men, men who eat a high-fat diet, and men with fathers and brothers who have had prostate cancer.

Health Screening Guidelines (continued)

Screening for Sexually-Transmitted Diseases (STDs)

STDs are at epidemic levels in the United States. If a person is sexually active, it is wise to screen for some STDs yearly, especially for chlamydia and gonorrhea.

Symptoms for some STDs, such as chlamydia, are difficult to detect. Other STDs may include symptoms such as painful urination (gonorrhea), jaundice (hepatitis B), and small, red blisters (syphilis). Signs or symptoms must be brought to the physician's attention right away. In general, STDs can be prevented by not having sex or by using a latex condom every time a person has sex, whether vaginal, anal, or oral.

Hepatitis B and HIV/AIDS can also be spread through exchange of blood (and semen, in the case of HIV) during intimate sexual activities.

Other Exams

Many other tests should be done periodically at or beyond certain ages. These include blood pressure, sigmoidoscopy (to detect colon cancer) or some other colon cancer screen, and cholesterol readings.

Included in Appendix 4-B are charts for adults and children from the U.S. Department of Health and Human Services. These charts identify the recommended frequency for health check-ups, vision and hearing tests, tuberculosis, pelvic/gynecological exams, and many other screening exams, as well as the recommended schedule for immunizations.

ACTIVITY

Health Screenings

Directions:

Split into small groups. Each group will receive a piece of flipchart paper and a marker. Choose someone in the group to record the discussion on the flipchart paper. Each group will be given an index card with a scenario on it. Using the information in the previous section and Appendix 4-B, Preventive Care, each group should list as many preventive services they think the individual should receive. Be prepared to explain your answers.

Routine Dental Care

Preventive self-care is crucial in caring for teeth. This means brushing well at least twice a day; flossing at regular intervals; fluoride in toothpaste, an oral rinse or drinking water; and avoiding sugary substances in our mouths for long periods of time. If a person brushes inadequately, you can assist by going back over a person's teeth with a soft toothbrush, spending plenty of time brushing teeth, and using a circular motion along the gum line. This "mechanical action" is what loosens and sweeps plaque away. If accompanying a person to the dentist, a wise approach is to help the person ask the dentist and hygienist what they can do to improve their dental hygiene.

Most adults should have at least annual dental exams. Yearly dental examinations should include:

- Professional cleaning
- X-rays
- A visual examination of the teeth and mouth by the dentist
- The dentist reading the X-rays to identify any problems needing follow-up

If additional work is needed, follow-up visits are scheduled. Medi-Cal routinely covers one dental office visit per year. If a person has a health condition (for example, cerebral palsy) that calls for seeing the dentist more often, dentists can apply for a Medi-Cal Treatment Authorization Request (TAR).

Personal Health Advocacy

With managed care, busy physicians, and Medi-Cal rates that are low in comparison to usual and customary charges, personal health advocacy is often needed if those in your care are to receive the best possible health services. An additional reason for health advocacy is that historically, the general population has often devalued people with disabilities.

Here are some things you can do to be a health care advocate.

- Believe every person is entitled to quality care.
- Be persistent in getting the care the person needs.
- It's never too early or too late to provide the best possible care.
- Be an active partner or get the help of someone who can be.
- Don't be afraid to ask for help (information, advice, assistance).

- Be prepared and get to the point.
- Choose a primary care physician with a good reputation, ideally one who has hospital privileges at the community hospital.

Advocating for the best possible health care often means working in partnership with doctors and other health care professionals. Most doctors want their patients (and those who assist their patients) to be active partners, providing information, asking questions, discussing and weighing options, and checking for understanding. Working in partnership with health care professionals calls for

- A common goal (good quality care).
- Shared effort (each one doing the right thing).
- Good communication.

Such an approach makes better use of the doctor's time and can improve the quality of care.

Scheduling Routine Medical and Dental Examinations

Be prepared prior to calling and involve the individual as much as possible in the process. Have the individual's medical insurance information and date of birth available. Call the physician and arrange a mutually convenient time. Be sure to mention any specific concerns the individual has that may require more of the doctor's time; for example, discussion of an emerging health issue. Know the individual (the IPP and Health History are excellent sources of information), and identify potential risks and how to minimize them. For example, does the person get anxious if he or she has to sit and wait for the doctor or does the individual use a wheelchair and need specialized equipment to safely undergo certain examinations? Many doctor's offices are understanding and will make arrangements to make things comfortable.

Preparing for Medical Visits

Whether the individual is going to a routine exam or visiting the doctor for a specific complaint, preparation is important for getting the most out of each appointment. Don't assume the doctor will remember important details about each individual he or she treats. Prepare for office visits by doing your homework and being organized. Work with the individual and his or her support team prior to the visit to prepare written information for the doctor. An Ask-the-Doctor Checklist similar to the one in Appendix 4-D is a useful tool and includes the necessary information for the doctor.

Work with the individual to prepare him or her to be as active a partner as possible during a visit. Help the individual practice discussing his or her main complaint and questions prior to a visit. Make sure the individual knows what to expect during an office visit. Assess for risk and support the individual in preparing a plan

for dealing with potential risks; for example, if a person has difficulty waiting, you might say, "You will have to wait before the doctor can see you. Would you like to bring your radio and earphones so you can listen to music while you wait?"

Remember, if you don't take good care of your own health, or if you are wary about seeing health care professionals, do not convey that to the person in your care by words, body language, or other ways. If you cannot be confident and an active partner, get the help of someone who can.

Making the Most of Doctor Visits

Here are some tips to help you and the person in your care prepare for a visit to the doctor or other health care professional and to make the most of your time together:

- Prior to the visit, talk with the individual and others involved in his or her health care to identify any health concerns.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Help the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the office visit. Be candid and honest. Share hunches and fears. Don't hold back.
- Make sure you understand what the physician is saying and don't be afraid to ask for clarification.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- Bring a written list of all the medications the individual is taking.

Scheduling Routine Medical and Dental Examinations (continued)

- When the physician writes a prescription, ask questions about the medication.
- Ask about next steps to be sure you understand what the physician wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.

Documentation and Follow-Up

Title 17 regulations require the residential service provider to keep an accurate record of office visits, phone calls, and other interactions with doctors and other health care providers. See Appendix 4-C for a sample form to keep this data in the home.

ACTIVITY

Recording Visits and Telephone Calls with Health Care Providers

Directions: Working individually, fill in the Log of Health Care Visits on Appendix 4-C based on the information about Jane Doe.

Client's Name: Jane Doe DOB: 7/30/74

Events:

- 1. It is March 27. Over the past month, Jane Doe, who is 5' 2" tall and currently weighs 175 lbs., gained 7 lbs. She and her care provider are concerned about her weight. They call her primary care physician, Dr. Burns, whose front office staff schedules an appointment for April 10.*
- 2. On April 10, Jane is seen by Dr. Burns. At the office, the nurse writes down Jane's complaint (being overweight; rapid, recent weight gain), and takes a few measures: Weight: 178 lbs.; Pulse: 76; Blood pressure: 140/92. Dr. Burns talks with Jane and Mrs. Smith, the care provider, and does some checking with his stethoscope, a light, and tongue depressor. He orders some blood tests at a local lab. He learns that Jane, in a rush to get to her job, typically skips breakfast. She began working at a fast food restaurant six weeks ago and eats her lunch there (sometimes two double-hamburgers and two large orders of French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to one hamburger and one order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.*
- 3. The next day, April 11, Jane has blood drawn at the lab used by Dr. Burns' patients and the lab says they will fax the results to Dr. Burns. They say if you don't get a call from the doctor's office about the lab work, "no news is probably good news."*
- 4. A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns' office and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.*
- 5. On May 15, Jane has her blood pressure checked. It is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch, and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7.*

Community Health Care and Safety Resources

In responding to a person's health care needs, you must often search out resources relevant to those needs and access them.

Basic resources are

- A primary care physician (or group)
- A dentist who does family or general dentistry
- Specialists (for example, an eye doctor, gynecologist, podiatrist)
- Regional center clinicians
- Other resources needed to address individual needs; for example, a support group for people struggling with kidney disease
- Information sources; for example, self-care handbooks; voluntary organizations like the American Cancer Society or the Heart Association; or Internet resources. If there is a "need," there is something or someone who can help somewhere. It is up to you and others on the individual's team to find and use services appropriate to each individual's needs.
- The Developmental Disabilities Resources for Health Care Providers (www.ddhealthinfo.org) Web site is a collaboration of California-based information and programs on developmental disabilities. The primary goal of the Web site is to improve the health of persons with developmental disabilities in California. The Web site is designed to assist physicians and other health care providers in caring for persons with developmental disabilities. It is also designed to support individuals with developmental disabilities and their families in making informed health care decisions.

PRACTICE AND SHARE

With an individual you support do one of the following:

- Use the guidelines in this chapter to make a medical appointment.
- Use the Ask-the-Doctor Checklist to prepare for a medical appointment.
- Read the individual's IPP and identify at least one thing you could do to support a healthy lifestyle.

Preventive Healthcare and Advocacy

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

1. An example of healthy eating would be eating:

- A) Foods that have as little fiber as possible.
- B) Having five servings daily of fruits and vegetables.
- C) Only foods that are high in fiber.
- D) Mostly foods that are high in fat and also low in fiber.

2. The scheduling of routine health care screening is dependent upon:

- A) A person’s age, gender, and risk factors.
- B) How active the person’s social network of friends is.
- C) Weather conditions.
- D) A person’s immunization status.

3. People over the age of 65 need:

- A) More frequent routine health care checks than younger adults.
- B) Less frequent routine health care checks than younger adults.
- C) The same number of routine health care checks as younger adults.
- D) No routine health care checks unless they are heavy smokers.

4. A woman should have breast and pelvic examinations performed by a professional:

- A) Unless the woman performs careful monthly self-examinations.
- B) At least once every 21 years, if not sexually active.
- C) Except when the woman is sexually active.
- D) Because the risk of certain cancers to women is significant.

5. Breast self-examination, clinical breast exams, and mammograms are important for women because:

- A) They create opportunities for social interaction with others.
- B) They can help prevent deaths from breast cancer.
- C) Prostate cancer screening is not given to women.
- D) They are easier to do than stop smoking.

6. **Which of the following is a sign of a good health care advocate?**
- A) Believes every person is entitled to quality care.
 - B) Knows when it is too late to get medical attention.
 - C) Tells the doctor what tests and medication the person needs.
 - D) Brushes the teeth with a circular motion along the gum line.
7. **When accompanying a person to a medical appointment, the DSP should:**
- A) Make sure the person does not interfere while the DSP and the doctor are speaking with each other.
 - B) Be ready with information to help the doctor become familiar with the person's situation.
 - C) Never tell the person more than is necessary about what will happen at the doctor's office.
 - D) Make up at least three questions to ask the doctor.
8. **If the DSP does not fully understand something the doctor says or does during a medical appointment with a person, the DSP should:**
- A) Ask the doctor to explain things until the DSP does understand.
 - B) Phone or write the doctor after returning to the facility with the person.
 - C) Ask a different doctor who is better at explaining things.
 - D) Try to find another doctor to take care of the person's health.
9. **A primary reason why the DSP should keep written records of what happened during a person's visit to the doctor is to:**
- A) Make sure other DSPs will know what the doctor's orders are.
 - B) Be able to write something in the person's medical history file.
 - C) Prove that the DSP was present during the visit to the doctor.
 - D) Provide the doctor with a copy of the record so the doctor will not forget what happened.
10. **Which of the following is the best example of a community health care and safety resource:**
- A) Restaurants specializing in low fat and high fiber foods.
 - B) Nearby fire hydrants.
 - C) A kidney disease support group or association.
 - D) Neighborhood churches.



Appendices



Appendix 4-A

Physician's Report

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:

The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.

The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
LICENSEE'S NAME:	TELEPHONE:	FACILITY LICENSE NUMBER:	

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
NEXT OF KIN:	PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:		

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS:			
SECONDARY DIAGNOSIS:			LENGTH OF TIME UNDER YOUR CARE:
AGE:	HEIGHT:	SEX:	WEIGHT:
IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TUBERCULOSIS EXAMINATION RESULTS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NONE			DATE OF LAST TB TEST:
TYPE OF TB TEST USED:		TREATMENT/MEDICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

OTHER CONTAGIOUS/INFECTIOUS DISEASES: A) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	TREATMENT/MEDICATION: B) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:
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ALLERGIES C) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	TREATMENT/MEDICATION: D) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:
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Ambulatory status of client/resident: Ambulatory Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

Appendix 4-A (continued)

Physician's Report

I. PHYSICAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	YES <small>(Check One)</small>	NO	ASSISTIVE DEVICE
1. Auditory Impairment			COMMENTS:
2. Visual Impairment			
3. Wears Dentures			
4. Special Diet			
5. Substance Abuse Problem			
6. Bowel Impairment			
7. Bladder Impairment			
8. Motor Impairment			
9. Requires Continuous Bed Care			

II. MENTAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	NO PROBLEM	OCCASIONAL	FREQUENT
	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:		
1. Confused			
2. Able To Follow Instructions			
3. Depressed			
4. Able to Communicate			

III. CAPACITY FOR SELF CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:	
	YES <small>(Check One)</small>	NO	COMMENTS:
1. Able to care For All Personal Needs			
2. Can Administer and Store Own Medications			
3. Needs Constant Medical Supervision			
4. Currently Taking Prescribed Medications			
5. Bathes Self			
6. Dresses Self			
7. Feeds Self			
8. Cares For His/Her Own Toilet Needs			
9. Able to Leave Facility Unassisted			
10. Able to Ambulate Without Assistance			
11. Able to manage own cash resources			

PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:

CONDITIONS	OVER-THE-COUNTER MEDICATION(S)
1. Headache	_____
2. Constipation	_____
3. Diarrhea	_____
4. Indigestion	_____
5. Others (specify condition)	_____
_____	_____

PLEASE LIST CURRENT PRESCRIBED MEDICATIONS THAT ARE BEING TAKEN BY CLIENT/RESIDENT:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

PHYSICIAN'S NAME AND ADDRESS:	TELEPHONE:	DATE:
-------------------------------	------------	-------

PHYSICIAN'S SIGNATURE _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)
 I hereby authorize the release of medical information contained in this report regarding the physical examination of:

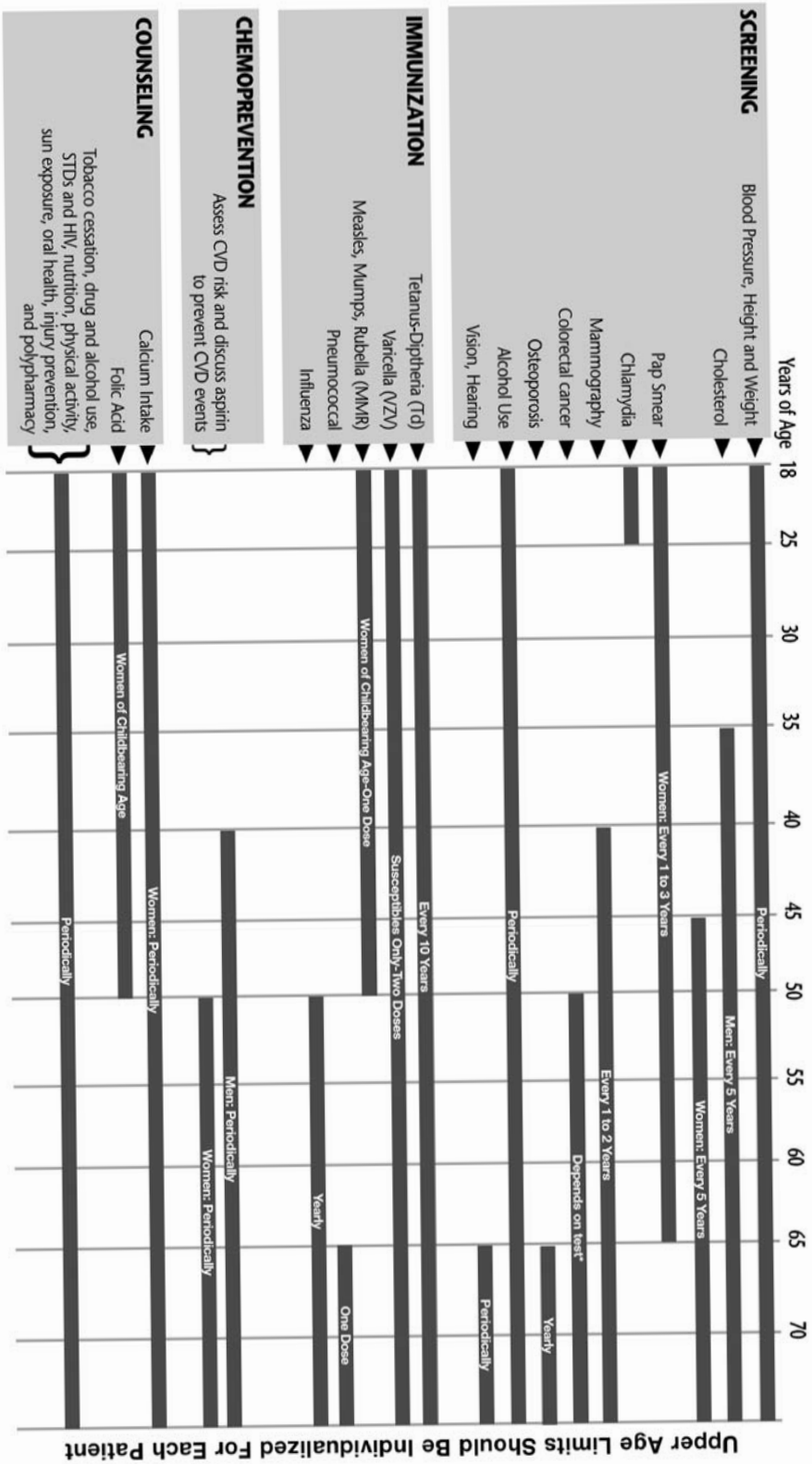
PATIENT'S NAME: _____

TO (NAME AND ADDRESS OF LICENSING AGENCY): _____

SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE	ADDRESS:	DATE:
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Appendix 4-B

Clinical Preventive Services for Normal-Risk Adults Recommended by the U.S. Preventive Services Task Force



* See www.preventiveservices.hhrq.gov for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

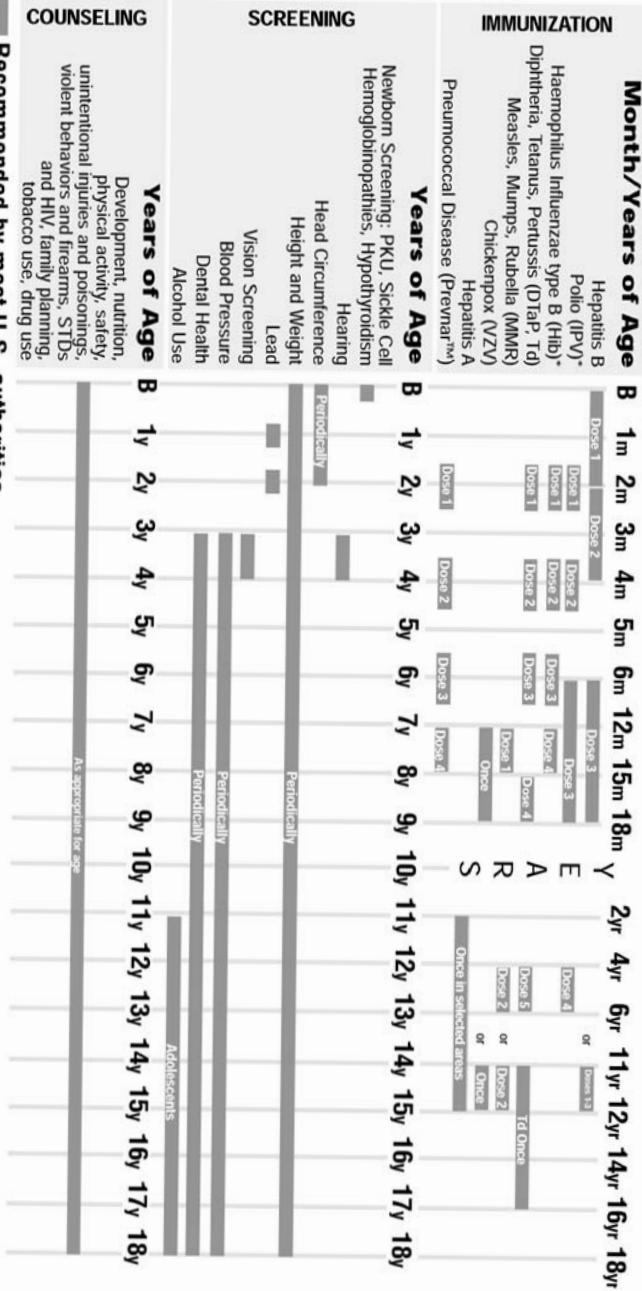
PUT PREVENTION INTO PRACTICE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • PUBLIC HEALTH SERVICE

Revised January 2003
APP1P02-0022

Appendix 4-B (continued)

Preventive Care for Children and Adolescents

Child Preventive Care Timeline



Recommended by most U.S. authorities
 * Schedules may vary according to vaccine type.
 The information on immunizations is based on recommendations issued by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

Source: Adapted from U.S. Preventive Services Task Force recommendations. Revised January, 2003. See www.preventiveservices.ahrq.gov for updates.

Appendix 4-C

Log of Health Care Visits and Consultations

Name _____ DOB _____

<i>Date</i>	<i>Health Care Professional (name)</i>	<i>Phone? Y N</i>	<i>Reason/ Subject</i>	<i>Outcome/ Result</i>	<i>Follow-up or Notes (e.g., meds)</i>

Ask-the-Doctor Checklist

Individual's Name: _____

Date: _____

Step 1. Before the visit:

a. List all medications being taken:

Name	Purpose	Prescriber	Dose/frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Known allergies: _____

Step 2. During the visit:

c. Reason for the visit: _____

d. Signs and symptoms: _____

e. Past experience with this problem has been: _____

f. Three most important questions for the doctor: _____

Step 3. Write down:

g. Temperature _____ Blood pressure _____

h. The diagnosis (what's wrong) is _____

i. The home care plan is _____

Step 4. For drugs, tests, and treatments, ask:

j. What's its name? _____

k. Why is it needed? _____

l. What are the risks? Expected benefits? _____

m. Are there alternatives? _____

n. What are the risks? Likely benefits? _____

o. [for drugs] How should it be taken? _____

p. [for tests] How do I prepare? _____

Step 5. At the end of the visit:

q. What danger signs should I look for? _____

r. When do I need to report back? _____

s. Are we to return for another visit? _____

t. Are we to phone in for test results? _____

u. What else do we need to know? _____

ACTIVITY: HEALTH SCREENINGS

SCENARIOS

Copy each scenario onto an index card to use for the activity on page S-7•

<p style="text-align: center;">Scenario #1</p> <p style="text-align: center;">Stacy is 25-year old woman. She has never been sexually active. Her mother recently died from breast cancer. Stacy has never had a pelvic or breast exam.</p>
<p style="text-align: center;">Scenario #2</p> <p style="text-align: center;">Philip turned 70-years old last month. His last physical examination was two years ago.</p>
<p style="text-align: center;">Scenario #3</p> <p style="text-align: center;">Latanya is 5-years old and getting ready to start kindergarten.</p> <p style="text-align: center;">.</p>
<p style="text-align: center;">Scenario #4</p> <p style="text-align: center;">Charlene is 16-years old and has just told you she has been sexually active with several boys in her high school.</p>
<p style="text-align: center;">Scenario #5</p> <p style="text-align: center;">Fred is 40-years old. He goes to the doctor for a physical every two years according to his doctor’s recommendation and his IPP. He is due for his regular physical next month.</p>