Health Check Templates (CPX Forms)

Example #2 OSCAR

Patient Name:
Date of Birth:
Address:
Phone:

For example: preferred time of day, ability to tolerate time in the waiting room; special positioning for exam; mobility and transfer needs, need for electric bed; sensory integration issues; triggers, e.g., noise, lighting; may require extra staffing; method of expressive communication; preferred receptive communication, e.g., pictures, simple explanations, sign language

IDD Health Check[1]

For adults with an intellectual and developmental disability (IDD)[2]

Review Background and Update Cumulative Patient Profile

Tick the boxes ("done" or "not done") to indicate if relevant information was entered / updated / co

Update the "Ongoing Concerns" field	Done	Not done
Communication[3]	☐	☐
Accommodations (relevant to RN/MD)[4]	☐	☐
Capacity[5]	☐	☐
Transition or Advanced Care Planning[7]	☐	☐

Update the "Medical History" field		
Etiology of IDD[8]	☐	☐
Past Genetic Assessment[10]	☐	☐
Past Psychology/Functional Assess't[12]	☐	☐
Level of intellectual disability[14]	☐	☐

Update the "Alert" field (Registra		
Substitute decision maker		
Contact person for appointments		
Accommodations (relevant to reception)[6]	☐	☐

Update the other Cumulative Patient Profile fields		
Disease Registry - add code 3159	☐	☐
Preventions[9]	☐	☐
Social history[11]	☐	☐
Reminders[13]	☐	☐
Prescriptions[15]	☐	☐
Family history[16]	☐	☐

Collateral information / coordination with other services[17] (If applicable and available, review and scan into EMR)

Caregiver's/ patient's self-reported history form[18] requested / reviewed?	☐yes	☐no
"Health Links" Comprehensive Care Plan[19] requested / reviewed?	☐yes	☐no
Developmental Service Agency support/care plan[20] requested / reviewed?	☐yes	☐no

Current Concerns: (Use "Extra Comments" box at the end of form for overflow)

To obtain a copy of this fully annotated Health Check template, please contact Dr. Ian Casson, at: ian.casson@dfm.queensu.ca

Functional Inquiry[21] (Enter remarks by # in text box below)

	Problem	No Problem
1. Constitutional Symptoms	☐	☐
2. HEENT	☐	☐
- last hearing assessment[22]	date (yy): ___	
- last vision assessment[23]	date (yy): ___	
- last dental care[24]	date (yy): ___	
3. Respiratory[25]	☐	☐
4. CVS[26]	☐	☐
5. GI[27]	☐	☐
6. GU[28]	☐	☐
7. Sexual Issues[29]	☐	☐
8. Musculoskeletal[30]	☐	☐
9. Skin	☐	☐
10. Neurology[31]	☐	☐
11. Endocrinology[32]	☐	☐
12. Behavioural Changes[33]	☐	☐
13. Pain[34]	☐	☐
14. Abuse, Neglect, Exploitation[35]	☐	☐
15. Mental Health[36]	☐	☐
16. Nutrition[37]	☐	☐
17. Activity Level[38]	☐	☐
18. Smoking, Alcohol, Drugs	☐	☐
19. Safety, Seat Belts, Bike Helmets[39]	☐	☐
20. Sleep[40]	☐	☐
21. Other	☐	☐

Remarks for Functional Inquiry (Enter information by # above.; Use "Extra Comments" box at the end of form for overflow)

In the EMR, there are annotations that pop up to explain the importance of the items on the form to the health care of adults with DD, along with links to relevant clinical tools.