

# HUMANA

## PRACTITIONER ASSESSMENT FORM

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year month day year

Race/ethnicity: Hispanic/Latino American Indian Alaska Native Black/African American African Asian  
Asian Indian Native Hawaiian Other Pacific Islander White/Caucasian Other: \_\_\_\_\_

Condition	X	Medical History
<b>Medical</b>		
Amputation		
Asthma/Allergies		
Auto-Immune Disease		
Bleeding Disorders		
Cancer		
Cardiac Arrhythmias/Pacemaker		
Cataracts/Glaucoma		
COPD/Emphysema/Bronchitis		
CVA/TIA		
Diabetes		
GI Disease		
Heart disease (CHF, CAD, MI)		
Hypertension		
Hyperlipidemia/hypercholesterolemia		
Infectious Diseases		
Kidney disease		
Musculoskeletal disease		
Obesity		
Osteoarthritis		
Ostomies/Artificial Openings		
Paralysis		
Psychological/Emotional disorders		
Rheumatoid Arthritis		
Seizures/Convulsions/Epilepsy		
Serious injury/accidents		
Sinus disorders		
Sleep disorders		
Thyroid disease		
Vascular Disease		
Other		
<b>Social</b>		
Alcohol/Drug Use		
Tobacco Use		
Diet/Physical Activity		
Sexual History		
High Risk Lifestyle		
Other		

Family History	Mother	Father	Child	Sibling	Grandparent
Cancer					
Diabetes					
Heart Disease					
Hypertension					
Other					

Surgeries	Date

**Allergies:**

Medication	Dosage	Medication	Dosage

Preventive Services	Date Test Completed	Findings/Recommendations (Please indicate servicing provider if different from your practice)
Annual Monitoring Persistent Medications (ACE/ARB, digoxin, diuretics, anticonvulsants)		
Serum potassium		
Serum creatinine		
Blood urea nitrogen		
Drug serum concentration		
Bone Mass Measurement		
Cardiovascular Disease Screening		
LDL Cholesterol and Result		
Colorectal Cancer Screening:		
Fecal Occult Blood Test		
Flexible Sigmoidoscopy		
Colonoscopy		
Diabetes Screening & Management		
HbA1c and Result		
Dilated Retinal Exam		
Glaucoma Screening		
PAP and Pelvic Examination		
Prostate Cancer Screening		
Screening Mammogram		
Spirometry Testing		

Immunizations: Influenza		
Pneumococcal		
Hepatitis B		
Tetanus		
<b>Other Assessments/ Counseling</b>	<b>Date Received</b>	<b>Findings/Recommendations</b>
Pain Screening		
Functional Status Assessment (e.g. ADLs)		
Fall Risk Assessment		
Physical Activity		
Urinary Incontinence		
Medication Review		
ASA Use Discussion		
Advance Directive (Living Will Yes/No)		

**Patient Name:** \_\_\_\_\_ **B/P** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

Physical Examination	WNL Received	Abnormal	Findings
Appearance			
HEENT			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Skin			
Neurological			
Psychiatric			
Hematologic/lymphatic/immuno			

**Diagnoses:**

X	Artificial Openings	Code
	Colostomy	V44.3
	Cystostomy	V44.5
	Gastrostomy	V44.1
	Ileostomy	V44.2
	Tracheostomy	V44.0
	Other	
X	Circulatory System/Cardiac	Code
	Angina pectoris, NOS	413.9
	Abdominal aortic aneurysm w/o	441.4
	Atrial fibrillation	427.31
	Bradycardia	427.89
	Cardiomegaly	429.3
	Cardiomyopathy (other primary)	425.4
	Coronary atherosclerosis w/o	414.01
	Chronic ischemic heart disease,	414.9
	Congestive heart failure,	428.0
	Deep vein thrombosis, NOS	453.40
	Heart valve, artificial	V43.3
	Hypertension, unspecified	401.9
	History of CVA	V12.54
	Late effect of CVA (note the late	438.xx
	Myocardial infarction, old	412
	Pacemaker, cardiac	V45.01
	Peripheral vascular disease,	443.9
	Phlebitis, deep, lower extremity,	451.19
	Tachycardia	785.0
	Transient ischemic attack, unspec.	435.9
	Venous insufficiency, unspecified	459.81
	Other	
X	Digestive System	Code
	Chronic hepatitis, unspecified	571.40
	Cirrhosis of liver (alcoholic)	571.2
	Cirrhosis of liver without mention of alcohol	571.5
	Constipation, unspecified	564.0
	Crohn's disease, unspecified	555.9
	Diverticulitis of colon, NOS	562.11
	Diverticulosis of colon, NOS	562.10
	Dyspepsia	536.8
	Esophagitis, unspecified	530.10
	Gastroenteritis and colitis	558.9
	Gastroesophageal reflux	530.81
	Hematemesis	578.0
	Hernia, hiatal, noncongenital	553.3
	Hernia, inguinal, NOS	550.90
	Peptic ulcer disease, unspec	533.90
	Ulcerative colitis, unspecified	556.9
	Other	
X	Endocrine, Nutritional Disorders	Code
	Diabetes Mellitus w/o	250.0x
	DM with Renal Manifestation	250.4x
	- Chronic Kidney Disease	585.x
	- Nephropathy, NOS	583.81
	DM with Ophthalmic Manifestation	250.5x
	- Retinopathy, background	362.01
	- Retinopathy, proliferative	362.02
	DM with Neurological	250.6x
	- Gastroparesis	536.3
	- Peripheral autonomic	337.1
	- Polyneuropathy	357.2
	DM with Peripheral Circulatory	250.7x
	- Gangrene	785.4
	- Peripheral angiopathy	443.81

X	Endocrine (cont)	Code
	DM with Other Specified Manifestation	250.8x
	- Ulcer (skin) – note site	707.xx
	Glucose intolerance	790.2
	Hyperlipidemia, NOS	272.4
	Hypothyroidism, NOS	244.9
	Malnutrition (calorie)	263.9
	Obesity, unspecified	278.00
	Morbid Obesity	278.01
X	Genitourinary	Code
	Benign Prostatic Hypertrophy	600.0
	Calculus of kidney / ureter	592
	Chronic kidney disease, stage 1-5	585.x
	Chronic kidney disease,	585.9
	Erectile dysfunction (not 2 <sup>nd</sup> to DM)	607.84
	Urinary tract infection	599.0
	End Stage Renal Disease	585.6
	Renal failure, unspecified	586
	Hematuria, unspecified	599.70
	Renal dialysis status - A-V shunt or peritoneal	V45.11
	Noncompliance with renal dialysis	V45.12
	Other	
X	Mental Disorders	Code
	Alcohol abuse, unspecified	305.00
	Alcohol dependence, unspecified	303.90
	Alzheimer's disease	331.0
	Anxiety state, unspecified	330.00
	Bipolar disorder, NOS	296.80
	Dementia, senile, NOS	290.0
	Depressive disorder, NOS	311
	Depression with anxiety	300.4
	Drug abuse, unspecified	305.90
	Drug dependence, unspecified	304.90
	Major depressive disorder, single,	296.20
	Schizophrenia, NOS	295.90
	Tobacco use disorder, unspecified	305.10
	Other	
X	Musculoskeletal	Code
	Amputation status, lower limb, unspecified level	V49.70
	Arthropathy, unspecified	716.90
	Arthralgia, site unspecified	719.40
	Back pain, unspecified	724.5
	Fracture, arm (closed)	818.0
	Fracture, leg (closed)	827.0
	Fracture, vertebra - traumatic, w/o mention of spinal cord injury	805
	Fracture, vertebra - nontraumatic, osteoporotic, pathologic	733.13
	Fracture, other	
	Low back pain	724.2
	Myalgia, unspecified	729.1
	Osteoarthritis, unspecified	715.90
	Osteoporosis, unspecified	733.00
	Pain in limb	729.5
	Polymyalgia rheumatica	725
	Prosthetic joint replacement	V43.6
	Rheumatoid arthritis	714.0
	Systemic lupus erythematosus	710.0
	Other	



