

PRACTICE ASSESSMENT REPORT



CLINICAL PRACTICE

HEALTH MAINTENANCE

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in well care visits and preventive health maintenance. This includes patient visits for annual check-ups, screening, etc.

HEALTH MAINTENANCE	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. Periodic discussion of health maintenance (e.g. regarding smoking, alcohol consumption, obesity, lifestyle etc.) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Periodic general assessments are performed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use of age-related familial disease screening (e.g. mammography and colorectal) when indicated is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Well baby visits are conducted (e.g. immunizations, growth monitoring, developmental milestones, etc.)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prenatal care is performed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adult immunizations are performed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
HEALTH MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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No concerns/suggestions

DETAILS/COMMENTS: