Qlarant

Health Summary

1. Have you received any of the following preventive health? Y/N
   If yes check all that apply
   - ☐ Physical Exam (Annually)
   - ☐ Flu Vaccine (Annually)
   - ☐ Pneumonia Vaccine (Age 60+)
   - ☐ Covid -19 Vaccine
   - ☐ Zoster (Shingles) Vaccine (Age 50+, given once)
   - ☐ Colorectal Cancer Screening (Age 50+)
   - ☐ Female preventive health care: mammogram (Female only, Age 40+)
   - ☐ Female preventive health care: pap smear or other exams such as ultrasound (Female only, Initial age 21 then every 3 years up to age 65)
   - ☐ Bone Density Scan (Age 40+)
   - ☐ Vision Exam (Every 2 years)
   - ☐ Dental Exam (Annually)

2. Have you experienced any of the following in the last twelve (12) months? Y/N
   If yes check all that apply
   - ☐ Unplanned weight loss of 10 or more lbs.
     - Additional Comments: "Specific Details" to include how much weight
   - ☐ Unplanned weight gain of 10 or more lbs.
     - Additional Comments: "Specific Details" to include how much weight
   - ☐ Two (2) or more falls
     - Additional Comments: "Specific Details" to include how many falls and if injured
   - ☐ Problems with skin breakdown
     - Additional Comments: "Specific Details" to include location and cause

3. Do you have any health concerns?
   - ☐ Yes, I do but needs are being addressed
   - ☐ Yes, I do and needs are not being addressed
   - ☐ Maybe, I am not sure
   - ☐ No, I do not

4. Have you seen any physicians and specialists in the past twelve (12) months? Y/N
   If yes check all that apply
   - ☐ Allergist
   - ☐ Audiologist
   - ☐ Cardiologist
   - ☐ Chiropractor
   - ☐ Dentist
   - ☐ Dermatologist
   - ☐ Dietician
   - ☐ Ear/Nose/Throat

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- ☐ Endocrinologist
- ☐ Gastroenterologist
- ☐ Gynecologist
- ☐ Hematologist
- ☐ Homeopathic Physician
- ☐ Licensed Clinical Social Worker
- ☐ Licensed Mental Health Counselor
- ☐ Nephrologist
- ☐ Neurologist
- ☐ Neurosurgeon
- ☐ Obstetrician
- ☐ Oncologist
- ☐ Ophthalmologist
- ☐ Orthopedist
- ☐ Pain Management
- ☐ PCP: Family Practice
- ☐ PCP: Internal Medicine
- ☐ PCP: Pediatrician
- ☐ Physiatrist
- ☐ Podiatrist
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Pulmonologist
- ☐ Rheumatologist
- ☐ Surgeon
- ☐ Urologist
- ☐ Other

5. Have you been to an Urgent Care Center in the past twelve (12) months?
   If "Yes" indicate When and Why (List all)
   - ☐ Yes
   - ☐ No

6. Have you been to an Emergency Room in the past twelve (12) months?
   If "Yes" indicate When, Why and if Admitted? (List all)
   - ☐ Yes
   - ☐ No

7. Have you been admitted to the hospital in the past twelve (12) months?
   If "Yes" indicate When and Why-Admission/Discharge Dates (List all)
   - ☐ Yes
   - ☐ No

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8. Have you been Baker Acted in the past twelve (12) months?
   If "Yes" indicate When and Why (List all)
   - ☐ Yes
   - ☐ No

9. Have Reactive Strategies under 65G-8 been used due to behavioral concerns in the past twelve (12) months?
   If "Yes" indicate When and Why (List all)
   - ☐ Yes
   - ☐ No

10. Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation in the past twelve (12) months?
    If "Yes" indicate When and Why (List all)
    - ☐ Yes
    - ☐ No

11. Do you take any medications (including over the counter)? Y/N (if yes select all currently applicable)
    Do you take that medication every day or only when you need it?
    If the medication(s) selected is taken PRN (as needed) check the corresponding PRN check box.
    * Symbol = medication Is associated with Tardive Dyskinesia (TD)/Extrapyramidal symptoms (EPS)
    ^Symbol = controlled medication

	Medications and OTCs	PRN ?			Medications and OTCs	PRN ?
☐	N/A	☐		☐	Ketoconazole (Nizoral A-D)	☐
☐	Acetaminophen (Tylenol)	☐		☐	Lacosamide (Vimpat)^	☐
☐	Advair	☐		☐	Lactulose	☐
☐	Albuterol (Proventil)	☐		☐	Lamotrigine (Lamictal)	☐
☐	Alendronate (Fosamax)	☐		☐	Lansoprazole (Prevacid)	☐
☐	Allopurinol	☐		☐	Lantus	☐
☐	Alprazolam (Xanax)^	☐		☐	Latanoprost (Xalatan)	☐
☐	Amlodipine (Norvasc)	☐		☐	Levemir	☐
☐	Ammonium Lactate (Lac-Hydrin Cream)	☐		☐	Levetiracetam (Keppra)	☐
☐	Amphetamine Salts (Adderall)^	☐		☐	Levothyroxine (Synthroid)	☐
☐	Aripiprazole (Abilify)*	☐		☐	Liorasal (Baclofen)	☐
☐	Aspirin	☐		☐	Lisinopril (Prinivil)	☐
☐	Atomoxetine HCL (Strattera)	☐		☐	Loratadine (Claritin)	☐
☐	Atorvastin (Lipitor)	☐		☐	Lorazepam (Ativan)^	☐
☐	Benztropine (Cogentin)	☐		☐	Losartan (Cozaar)	☐
☐	Budesonide (Pulmocort)	☐		☐	Lovastatin (Mevacor)	☐
☐	Bupropion (Wellbutrin)	☐		☐	Magnesium	☐
☐	Buspirone (Buspar)	☐		☐	Melatonin	☐
☐	Calcium	☐		☐	Meloxicam (Mobic)	☐

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	Medications and OTCs	PRN ?
☐	Carbamazepine (Tegretol)	☐
☐	Carvedilol (Coreg)	☐
☐	Celecoxib (Celebrex)	☐
☐	Cetirizine (Zyrtec)	☐
☐	Chlorpromazine (Thorazine)*	☐
☐	Citalopram (Celexa)	☐
☐	Clobazam (Onfi)^	☐
☐	Clonazepam (Klonopin)^	☐
☐	Clonidine (Catapres)	☐
☐	Clozapine (Clozaril) *	☐
☐	Cyclobenzaprine (Flexeril)	☐
☐	Depo Provera	☐
☐	Diazepam (Diastat)^	☐
☐	Diazepam (Valium)^	☐
☐	Diclofenac (Voltaren)	☐
☐	Diphenhydramine (Benadryl)	☐
☐	Diphenoxylate (Lomotil)	☐
☐	Divalproex (Depakote)	☐
☐	Docusate Sodium (Colace)	☐
☐	Donepagel (Aricept)	☐
☐	Duloxetine HCL (Cymbalta)	☐
☐	Enalapril (Vasotec)	☐
☐	Ensure	☐
☐	Escitalopram (Lexapro)	☐
☐	Eskalith (Lithium)	☐
☐	Esomeprazole (Nexium)	☐
☐	Famotidine (Pepcid)	☐
☐	Fenofibrate (Antara)	☐
☐	Fexofenadine (Allegra)	☐
☐	Fish oil/Omega 3	☐
☐	Fluoxetine (Prozac)	☐
☐	Fluticasone (Flonase)	☐
☐	Fluvoxamine (Luvox)	☐
☐	Folic Acid	☐
☐	Furosemide (Lasix)	☐
☐	Gabapentin (Neurontin)	☐
☐	Glimepiride (Amaryl)	☐
☐	Glucophage (Metformin)	☐
☐	Glucotrol (Glipizide)	☐
☐	Glycopyrrolate (Cuvposa)	☐
☐	Guanfacine (Intuniv)	☐

	Medications and OTCs	PRN ?
☐	Memantine HCL (Namenda)	☐
☐	Metamucil	☐
☐	Methylphenidate (Concerta)^	☐
☐	Methylphenidate (Ritalin)^	☐
☐	Metoprolol (Lopressor)	☐
☐	Mirtazapine (Remeron)	☐
☐	Mometasone Furoate (Nasonex)	☐
☐	Montelukast (Singulair)	☐
☐	Multivitamin	☐
☐	Mupirocin (Bactroban)	☐
☐	Naproxen (Alleve)	☐
☐	Novalog	☐
☐	Nystatin (Nyamyc)	☐
☐	Olanzapine (Zyprexa) *	☐
☐	Omeprazole (Prilosec)	☐
☐	Oxcarbazepine (Trileptal)	☐
☐	Oxybutynin (Ditropan)	☐
☐	Pantoprazole (Protonix)	☐
☐	Paroxetine (Paxil)	☐
☐	Phenobarbital^	☐
☐	Phenytoin (Dilantin)	☐
☐	Polyethylene glycol (Mirolax)	☐
☐	Potassium	☐
☐	Pravastatin (Pravachol)	☐
☐	Propranolol (Inderal)	☐
☐	Quetiapine (Seroquel)*	☐
☐	Ranitidine (Zantac)	☐
☐	Risperidone (Risperdal) *	☐
☐	Rosuvastatin Calcium (Crestor)	☐
☐	Senna (Senokot)	☐
☐	Sertraline (Zoloft)	☐
☐	Simvastatin (Zocor)	☐
☐	Sitagliptin (Januvia)	☐
☐	Sulfasalazine (Azulfidine)	☐
☐	Tamsulosin (Flomax)	☐
☐	Temazepam (Restoril)^	☐
☐	Tenormin (Atenolol)	☐
☐	Topiramate (Topamax)	☐
☐	Trazodone (Desyrel)	☐
☐	Triamcinolone	☐
☐	Triamterene (Maxzide)	☐

	Medications and OTCs				Medications and OTCs	PRN ?
☐	Haloperidol (Haldol)*	☐		☐	Venlafaxine (Effexor)	☐
☐	HCTZ/Microzide (Hydrochlorothiazide)	☐		☐	Vitamin B	☐
☐	Hydrocortisone Cream/Ointment	☐		☐	Vitamin C	☐
☐	Hydroxyzine (Atarax)	☐		☐	Vitamin D	☐
☐	Hydroxyzine (Vistaril)	☐		☐	Ziprasidone (Geodon)*	☐
☐	Ibuprofen (Advil)	☐		☐	Zolpidem (Ambien)^	☐
☐	Iron/Ferrous Sulfate	☐		☐	Zonisamide (Zonegran)	☐

12. Do you feel you need any of the following therapies that you do not currently receive? Y/N
    If "Yes" Comment box is provided
    - ☐ Occupational Therapy
    - ☐ Speech Therapy
    - ☐ Physical Therapy
    - ☐ Massage Therapy
    - ☐ Nutritional Support

13. Do you feel you need any of the following assessments? Y/N
    If yes check all that apply
    - ☐ Adaptive Equipment Evaluation
    - ☐ Oral Motor Evaluation
    - ☐ Swallow Study
    - ☐ Specialized Mental Health Assessment
    - ☐ Behavior Assessment
    - ☐ Environmental Accessibility Assessment
    - ☐ Medication Review
    - ☐ Nursing Evaluation

14. Do you use adaptive devices or equipment? Y/N
    If yes check all that apply
    - ☐ Glasses
    - ☐ Hearing Aids
    - ☐ Dentures
    - ☐ Wheelchair/scooter
    - ☐ Communication Device
    - ☐ Mobility Aids (Hoyer Lifts, Van lifts, Walker, Cane)
    - ☐ Personal Safety Equipment (Helmet, braces/splints)
    - ☐ Home Safety Equipment (Hoyer Lift, Grab bars, Ramps, shower chair)
    - ☐ Mealtime Aids (adaptive utensils, plates, cups, chairs)
    - ☐ Other

15. Is your adaptive device or equipment in good working condition? Y/N/NA
    If “No” provide details in comments section.

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16. Do you have an emergency disaster plan in place?
    - ☐ Yes
    - ☐ No

17. Do you currently have Medicare (in addition to Medicaid)?
    If "Yes" enter number __________
    - ☐ Yes
    - ☐ No

18. Do you currently have Private Insurance?
    - ☐ Yes
    - ☐ No

19. Did you Private Pay for any of your health care services in the past twelve (12) months?
    - ☐ Yes
    - ☐ No

20. If our Nurse Reviewer has any follow-up questions or wants to clarify something later who would be the best person to contact?
    Name(s):
    Contact Number(s):

21. Did the reviewer contact any of the following? Y/N
    If yes check all that apply) and enter name of person(s) contacted.
    - ☐ Qlarant RN reviewer?
    - ☐ Region/Area Medical Case Manager?
    - ☐ Region/Area APD Staff?

22. Check all Sources/Respondents
    - ☐ Person
    - ☐ Family Member
    - ☐ Friend
    - ☐ Staff
    - ☐ WSC
    - ☐ Record Review
    - ☐ Claims Data

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