Instructions: Please complete the following assessment for your SWH member. Please have the PCP sign the assessment, or a similar electronic health summary, and fax it to SWH at 617-494-5554

SENIOR WHOLE HEALTH – PCP Clinical Assessment - 2016		
Member Last Name	**Member First Name**	**DOB**
Member #	**Allergies**	**Immunizations Date** Flu Vx ☐ ____/____/____ Pneumo ☐ ____/____/___ Zoster ☐ ____/____/____ Tetanus ☐____/____/____
Health Care Proxy? Yes ☐ No ☐ Name and Contact Information	**Advance Directive?** Yes ☐ No ☐ Date: ____/____/____	
Guardian? Yes ☐ No ☐ Name and Contact Information	Height: ____ feet _____inches Weight: _____ BMI: _____ Date Taken: ____/_____/_____	**Pertinent Labs**

List Medical Diagnoses

Diabetes: Yes ☐ No ☐
If "yes," Last HbA1c Result: _____ Date: ____/____/____

Hypertension: Yes ☐ No ☐
If "yes," Date Diagnosed: ____/____/____ Most Recent BP: _____/_____ Date: ____/____/____

Cancer Screenings:
Most recent Mammogram (if applicable): ____/____/____ Result: _____
Colorectal Cancer Screening:
Colonoscopy: Date: ____/____/_____ Result: _____
Flex Sig: Date: ____/____/_____ Result: _____
FOBT: Date: ____/____/_____ Result: _____

Other Medical or Behavioral Health Diagnoses

Medications
If more than five medications, please attach a list to this form. Please have PCP sign attached list.

Medication Name	Dose	Start Date (if known)	End Date (if known)

Functional Status: ☐ Self Care ☐ Minimal Support ☐ Moderate Support ☐ Maximal Assist
Last ADL Screening Date: ___/___/___ Last IADL Screening: ___/___/___ Last Pain Screening: ___/___/___

What was last hospitalization date? (if known)

What is the member's risk for hospitalization in the next 90 days (1 is low risk – 5 is high risk)
1 ☐ 2☐ 3☐ 4☐ 5☐

What are some things you believe the member may need help with?
Medication Adherence ☐ Nutrition Counseling ☐
Keeping Specialty Appointments ☐ Biometric Monitoring ☐
Other:
Please contact SWH Clinical Services Department at 617-252-6300 with further concerns.

PCP Signature: _____ **Date Signed:** _____/_____/_____