

SAN GABRIEL/POMONA REGIONAL CENTER

SUGGESTED HEALTH CARE GUIDELINES FOR ADULTS

#	Description	Last Done	Comments & Recommendation	Completed By:
I	Annual Physical Examination (The following to be included with a complete physical exam)			
	<ul style="list-style-type: none"> • Assessment of Nutritional Status 			
	<ul style="list-style-type: none"> • Vision assessment (including fundscopy & snellen) 			
	<ul style="list-style-type: none"> • Blood Pressure Monitoring 			
	<ul style="list-style-type: none"> • TB test annually or at physician's discretion • other: 			
II	Family History (such as: diabetes, hypertension, breast cancer, ovarian cancer, prostate cancer, heart disease, etc.)			
III	Annual Laboratory Tests			
	<ul style="list-style-type: none"> • Blood Profile (if on 3 or more medications) 			
	<ul style="list-style-type: none"> • CBC (blood count) 			
	<ul style="list-style-type: none"> • Lipid Profile 			
	<ul style="list-style-type: none"> • Routine Urinalysis 			
	<ul style="list-style-type: none"> • PSA on males after age 50 (to detect prostate cancer) 			
	<ul style="list-style-type: none"> • Stool occult blood after age 50 • other: 			
IV	EKG or ECG (cardiac/heart)			
	<ul style="list-style-type: none"> • Baseline EKG at age 40 			
	<ul style="list-style-type: none"> • Follow-up EKGs as determined by clinical circumstance • other: 			

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V	Audiological Testing/Screening			
	<ul style="list-style-type: none"> • Tri-annually or as needed 			
VI	Monthly weights (if unplanned changes in weight increases or decreases by 5 lbs. consult primary physician)			
	<ul style="list-style-type: none"> • Follow Ideal Body Mass Index (IBW) Chart 			
	<ul style="list-style-type: none"> • Maintain permanent record to document monthly weights 			
VII	Medication Follow-up			
	a. Anti-convulsant/Seizure Medications			
	<ul style="list-style-type: none"> • see neurologist at least once a year 			
	<ul style="list-style-type: none"> • get blood levels to test CBC and liver function as prescribed by physician (ask physician how often these need to be done.) 			
	b. Psychotropic Medications			
	<ul style="list-style-type: none"> • see a psychiatrist at least once a year 			
	<ul style="list-style-type: none"> • get blood levels as prescribed by physician 			
	<ul style="list-style-type: none"> • review psychotropic medications by planning team annually to determine the continued need for these medication(s) 			
VIII	Sigmoidoscopy and/or colonoscopy			
	<ul style="list-style-type: none"> • Baseline at 50 and as recommended by physician 			

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IX	Bone Density			
	<ul style="list-style-type: none"> • Consider a bone density test for females at age 50 as a baseline 			
X	Immunizations			
	<ul style="list-style-type: none"> • Flu vaccine (annually) 			
	<ul style="list-style-type: none"> • Hepatitis B series 			
	<ul style="list-style-type: none"> • Pneumococcus vaccine (for those susceptible to respiratory bronchial infections and those > 65 years) 			
	<ul style="list-style-type: none"> • Td/Tdap - Tetanus (every 10 years or every 5 years if sustained a puncture/wound adult < 65 y/o who never received Tdap) 			
XI	Dental Examination			
	<ul style="list-style-type: none"> • Cleaning and examination every 6 months 			
	<ul style="list-style-type: none"> • If procedure warrants general anesthesia then annual examinations and cleaning recommended 			
	<ul style="list-style-type: none"> • Dental Hygiene counseling 			

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XII	Preventive health counseling and enrollment in appropriate programs as indicated in the IPP for the following issues:			
	<ul style="list-style-type: none"> • Smoking • Underweight • Overweight • Alcohol abuse • Drug abuse • Domestic Violence • Sexuality Training 			
XIII	Special Conditions: (other medical diagnosis such as diabetes, congestive heart failure (CHF) , etc) If client has been diagnosed with a special condition, please ask primary physician if client is to be seen by a specialist and what kind of follow-up is needed.			
	<ul style="list-style-type: none"> • Type of Condition: _____ • Type of Specialist (If applicable) _____ 			
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XIII	Women's Issues			
	a. Breast Examination <ul style="list-style-type: none"> • Monthly self examination - if applicable or able 			
	<ul style="list-style-type: none"> • An annual examination by either a physician or nurse practitioner should be included in the annual physical examination 			
	b. Mammogram <ul style="list-style-type: none"> • Baseline mammogram recommended between ages 40-50 			
	<ul style="list-style-type: none"> • Routine mammography annually or every 2 years (per American College of Obstetrics and Gynecology (ACOG) recommendations) between ages 50-70 			
	<ul style="list-style-type: none"> • If the procedure requires sedation, the primary physician may decide on the necessity of the procedure after considering benefits versus risks. 			
	c. Pap Smears (age 18 or sexually active) <ul style="list-style-type: none"> • Sexually active females or those on birth control of any form: annual pap smear recommended 			
	<ul style="list-style-type: none"> • Non-sexually active females: annual until age 30 y/o. 			

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	<ul style="list-style-type: none"> If a healthy woman has had 3 completely normal pap smears in a row, then every 2-3 years 			
	<ul style="list-style-type: none"> If 65-70 y/o, had 3 completed normal pap smears in a row or not sexually active, or has risk factors, may stop 			
	<ul style="list-style-type: none"> If procedure requires sedation the primary physician may decide on the necessity of procedure documenting benefits versus risks. It may also be combined with dental work under general anesthesia. 			

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