

## Health Risk Assessment Form

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

Provider Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Illness History	X	Medical History
Asthma		
Chronic Obstructive Pulmonary Disease		
Diabetes		
Cardiac Disease		
Cancer		
Convulsions		
Myocardial Infarction		
Injuries/Accidents		
Hypertension		
Epilepsy		
Cigarette/Alcohol user		
Congestive Heart Failure		
Others:		

Physical Examination	Normal	Assessment Needed	Findings
General			
Musculoskeletal			
Cardiovascular			
Lungs			
Extremities			
Abdomen			
HEENT			
Neurology			
Skin			

Hospitalization/Surgeries	Dates

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

The information provided here regarding diagnosis codes is truthful and accurate.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

Patient Name \_\_\_\_\_

X	Mental disorder	Findings
	295.00 Schizophrenic	
	291.0 Alcoholic Induced mental disorders	
	296.20 Major depressive disorder – single	
	296.40 Bipolar I Aff, Manic-Unspec	
	311 Depression	
	303.90 Unspecified Alcohol	
	304.00 Drug Dependence	
	Other	
X	Nervous system	Findings
	340 Multiple Sclerosis	
	332.0 Parkinson's Disease	
	345.90 Epilepsy Unspecified	
	327.20 Organic Sleep Apnea	
	346.00 Migraine	
	344.1 Paraplegia nos	
	342.00 Hemiplegia	
	331.0 Alzheimer's Disease	
	344.00 Quadriplegia	
	333.4 Huntington's Disease	
	357.2 Neuropathy in Diabetes	
	780.39 Seizures & Convulsions	
	Other	
X	Neoplasm	Findings
	201.00 Hodgkins Disease	
	196.0 Malignant neo lymph nodes	
	195.0 Malignant neo ill-defined sites	
	153.9 Malignant no – colon nos	
	285.9 Anemia Unspecified	
	174.0 Breast Cancer	
	229.0 Benign neoplasm of other nos	
	185 Prostate Cancer	
	151.0 Stomach Cancer	
	238.4 Polycythemia Vera	
	286.0 Coagulation Defects	
	191.0 Malignant neoplasm of brain	
	205.00 Acute Lymphoid Leukemia	
	206.00 Acute Monocytic Leukemia	
	Other	
X	Transplants	Findings
	V42.1 Heart	
	V42.3 Skin	
	V42.7 Liver	
	V43.7 Limb	
	V42.6 Lung	
	V42.0 Kidney	
	Other	
X	Musculoskeletal	Findings
	835.00 Dislocation of hip	
	733.00 Osteoporosis	
	V49.70 Amputation status lower limb	
	721.90 Spondylosis of unspecified site	
	805.00 Fx of cervical vertebra unspecified	
	710.0 Lupus	
	821.01 Fx femur shaft-closed	
	715.00 Osteoarthritis	
	716.90 Arthritis	
	714.0 Rheumatoid arthritis	
	Other	

Physician Signature \_\_\_\_\_

Patient Name \_\_\_\_\_

X	Endocrine	Findings
	250.00 Diabetes w/o mention of comp	
	250.60 Diabetes w/neurological manifest	
	272.0 Disorder of lipid	
	250.70 Diabetes w/peripheral circulatory	
	250.40 Diabetes w/renal manifestations	
	245.0 Thyroiditis	
	Other	
X	Cardiovascular/pulmonary	Findings
	428.0 Congestive heart failure	
	411.1 Intermediate coronary syndrome	
	424.1 Aortic valve disorders	
	412 Old myocardial infarct	
	427.31 Atrial fibrillation	
	492.8 Emphysema	
	496 COPD	
	434.91 CVA	
	401.9 Hypertension unspecified	
	413.9 Angina pectoris nec/nos	
	493.90 Asthma unspecified	
	410.9 Myocardial infarct nos	
	Other	
X	Gastroenterology	Findings
	571.40 Chronic hepatitis	
	571.5 Liver cirrhosis	
	577.0 Acute pancreatitis	
	576.3 Perforation of the bile duct	
	556.9 Ulcerative colitis unspecified	
	410.9 Myocardial infarct nos	
	Other	
X	Circulatory	Findings
	V12.50 Diseases of circulatory system	
	411.1 Intermediate coronary syndrome	
	424.1 Aortic valve disorders	
	441.00 Aortic aneurism	
	414.00 Coronary arteriosclerosis	
	414.9 Ischemic heart disease	
	442.1 Renal artery aneurysm	
	453.40 Venous embolism	
	453.80 Venous thrombosis nos	
	425.0 Cardiomyopathy	
	Other	
X	Artificial openings	Findings
	V44.0 Tracheostomy	
	V44.3 Colostomy	
	V44.50 Cystostomy	
	V44.2 Ileostomy	
	V44.1 Gastrostomy	
	Other	
X	Others	Findings
	042 HIV	
	707.00 Chronic ulcer of skin	
	586 Renal failure	
	584.0 Acute renal failure	
	707.00 Decubitus ulcer	
	952.00 Spinal cord disorder	
	780.70 Malaise and fatigue	
	785.34 Gangrene	
	696.1 Psoriasis	
	599.0 Urinary Tract infection	
	285.9 Anemia	
	284.00 Aplastic Anemia	
	Other	

Physician Signature \_\_\_\_\_