General Health Status Monthly Checklist Instructions

The General Health Status Monthly Checklist is a form that can be utilized to track medical information and concerns on a monthly basis. This is a “reminder” type of a document intended to be an intermediate means of noting anything that is going on in the individual’s health status which may affect their medical needs. This form may be utilized as a reporting form or as a method to gather monthly information which will then be compiled to complete the Healthcare Coordinator Quarterly Summary. It may also serve as a communication tool between a provider staff/family living provider and the service coordinator at the agency. While not a required form, some persons have found it helpful as a method to note concerns that do not rise to the level of requiring nurse involvement, but which are noteworthy to the person.

In the example below, the General Health Status Checklist is completed for an individual who has the following concerns during the month of January 2009:

1. Experienced 4 seizures during the month (on the 12<sup>th</sup>, he hit his head).
2. When he fell on the 12<sup>th</sup>, he cut his head a little, but it is healing well.
3. His weight has been stable, but he needs to lose some.
4. He has seemed a little more upset this month, but that could be because his mother missed the Christmas dinner that he had planned for her.
5. Health status is about the same as it was in December.
Example General Health Status Monthly Checklist

Individual’s Name _______John Doe_______________________________
Month/year ____January 2009_______________

Have the changes occurred in the following:
_____ Appetite
_____ Bowel/bladder movements
_____ Sleep
_XX Seizures
_____ Activity
_____ Mood/Disposition
_____ Skin (cuts, rashes, sores, etc.)

Of the ones checked, explain: _______________________________
J.D. had four seizures this month. On the 12th, he fell and suffered a small cut during one of his seizures. Urgent care was visited, but no stitches required. Healing well at this time.

This month has the individual’s weight:
•  _XX_ remained fairly stable,
•  ____ increased (by how many pounds____) or
•  ____ decreased (by how many pounds____ )

Explain if the increase or decrease is in line with a prescribed goal and if not have either the agency nurse or case manager been notified about the change? _________
_____Continues to be about 10-15 pounds overweight, but is working on his diet.

Has there been a significant change in the individual’s behavior this month?
_____ XX__ Yes _____No
If yes, what has been done to determine the cause of the change?
__Been a little more agitated this month. BSC contacted. BSC believes that this agitation is caused by his mother missing Christmas dinner. Will continue to monitor in hopes that the agitation will subside in the coming couple of weeks. ___________

This month the individual’s overall health has:
•  _XX_ Stayed the same,
•  ____ Improved,
•  ____ Declined.
If declined, explain and give cause if known: ________________________________

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