

C2.6 – INITIAL VISIT

Policy

To ensure each SR and service site has the reason for the visit documented. Each SR and service site will obtain and record the purpose of the visit, chief complaint, and/or additional health concerns prompting the desire for health care.

Procedure

Refer to *Minimum Standards of Service for a complete overview.*

History

<p>Past Medical History (illnesses, hospitalizations, exposure to blood products, chronic or acute medical conditions, injectable drug use)</p>	<ul style="list-style-type: none"> ● Anemia. ● Dyscrasia. ● Breast neoplasm. ● Cancer. ● Diabetes mellitus. ● DES or intrauterine estrogen exposure (if born in USA before 1971), if positive, counsel and screen ● Epilepsy/seizures. ● Gall bladder disease. ● Hemoglobinopathy. ● Hyperlipidemia. ● Liver disease/jaundice/mononucleosis. ● Lung disease. ● Migraine (with or without aura). ● Psychosocial history: <ul style="list-style-type: none"> ○ Depression screening (utilizing PHQ-9 or GAD-7) and counseling. ○ Family dynamics. ○ Trauma/violence. ○ Educational level. ● Renal/UTI. ● Substance use, including tobacco, alcohol, injectable drugs, prescription drugs, illegal substances. Screen and counsel. ● Surgery. ● Thromboembolism. ● Thyroid disease. ● Transfusions.
<p>History of Allergies</p>	<ul style="list-style-type: none"> ● Medicine. ● Environmental/Other.
<p>Current Use of Prescription and Over-the-counter Medication</p>	<ul style="list-style-type: none"> ● Current medications including prescription and over-the-counter, herbs and supplements. ● Medication taken in past 60 days. ● Other concerns not specifically mentioned by interviewer.
<p>Extent of Use of Tobacco, Alcohol and Other Drugs</p>	<p><i>Reference smoking cessation, alcohol and substance abuse prevention policies.</i></p> <ul style="list-style-type: none"> ● Desire/readiness for use changes.

<p>Immunization Status: Required to Check Rubella, HPV and HBV</p>	<ul style="list-style-type: none"> • Discuss TDAP vaccine and influenza vaccine, especially if around newborns.
<p>Review of Systems</p>	<ul style="list-style-type: none"> • Include nutrition and weight changes, and include folic acid discussion.
<p>Family History (First Degree Relatives: mother, father, brother, sister)</p>	<ul style="list-style-type: none"> • Cancer: 2019 USPSTF recommends using an assessment tool (Ontario Family History Assessment Tool) for women with a personal or family history of breast, ovarian, peritoneal, or tubal cancer or those with ancestry associated with BRAC 1/2 (like Ashkenazi Jewish descent). Routine genetic assessment and testing is not indicated in women who don't meet the above criteria. • Diabetes. • Hypertension/heart disease. • Stroke. • Other (i.e. Sickle Cell Anemia, Phenylketonuria (PKU)). • Blood clots or bleeding disorders.
<p>Partner History</p>	<ul style="list-style-type: none"> • Injectable drug use. • Multiple partners. • Risk history for STI and HIV. • Bisexuality. • Recent international travel.
<p>Contraceptive History</p>	<ul style="list-style-type: none"> • What methods of birth control has the client used by name? • What was the method last used regularly? When was it discontinued and why? • Name the current method. • If not presently on a method, how long did the client use the last method? • History of a significant contraceptive complication (i.e., specific type, symptomatology and outcome).
<p>Menstrual History</p>	<ul style="list-style-type: none"> • Onset. • Interval (last menstrual period). • Duration. • Quantity of bleeding (number of sanitary products per day). • Dysmenorrhea. • Premenstrual symptoms. • Last Menstrual Period (LMP): <ul style="list-style-type: none"> o Normal. o Abnormal. o Withdrawal bleeding.

<p>Sexual History/IPV (Sexual history combined with contraceptive history and partner history completes the sexual health assessment.)</p>	<ul style="list-style-type: none"> • Are you sexually active and at what age did you become sexually active? • Are you in a monogamous relationship or multiple partners? • Have you changed partners in the last six (6) months? • Engage in anal sex or oral sex? • Are you experiencing any pain, discomfort or bleeding related to sexual activity? • Do you have any questions about human sexuality? (i.e., orgasm, sexual response, lubrication) • Have you ever experienced sexual trauma or been forced into having sexual activity against your will? 	<ul style="list-style-type: none"> • Have you ever had a partner of the same sex? • Does a partner or anyone at home hit, punch, slap, push, kick, hurt or threaten you or your children? • Does a partner or anyone at the home put you down or humiliate you? • Has anyone ever approached you asking you to get involved with prostitution? • Do you feel safe at home?
<p>Obstetrical History</p>	<ul style="list-style-type: none"> • Gravidity and parity with dates. Number of cesarean deliveries versus vaginal deliveries. • Number of living children. • Number of abortions (spontaneous or induced, medical or procedural). • Neonatal deaths, stillbirths. • Past obstetrical complications. 	
<p>Gynecologic History</p>	<ul style="list-style-type: none"> • Abnormal bleeding. • Dyspareunia. • Genital neoplasm. • Endometriosis. • Gynecological surgery. • Vaginitis. 	<ul style="list-style-type: none"> • STI or pelvic inflammatory disease. • HIV. • Cervical cancer screening history (includes HPV Vaccine administration).

Overview of Family Planning Methods, Needs and Importance

- A patient-centered overview of all contraceptive methods must be offered, especially for new or undecided clients.
- Offer guidance to facilitate choice of method, if unable to provide client with method of choice AGENCY NAME will provide a prescription to client for their method of choice or referral to another provided (42 CFR § 59.5(a)(1))
- Assess ability to comply with chosen method.

- Provide instructions concerning effectiveness, proper use, indications/precautions, risks, benefits, possible minor side effects and potential life threatening complications of their chosen method must be provided.
- Initiate method of choice.
- Discuss future plans for pregnancy, desired family size, spacing of children.
- Provide interim contraception for sexually active clients if a visit with the Clinical Services Provider cannot be accommodated on the day
- of the visit. Clinic policies must address same day starts. Encourage consistent and correct use of condoms for all at-risk for STI/HIV.
- Discuss the value of FP.
- Instruct the client on clinic routines and exam procedures.
- Document elements of informed consent.

Physical Assessment

During the process of evaluation, the following systems are assessed and the findings documented on the chart by the examining Clinical Services Provider:

- Height, weight and BP.
- Hgb. and/or Hct., if indicated.
- Serology for syphilis, rubella, HIV and Hepatitis B, Hepatitis C, if indicated.
- UA (Dipstick assessment for glucose, protein, ph) if indicated.
- Cervical cancer screening. Though many clients will not need to have a cervical cancer screening every year, they may need to have STI testing.
- Reference policy - Cervical Cancer Screening and Pelvic Exam.
- Thyroid.
- Heart.
- Lungs.
- Breast and axillary nodes (Instruct breast self-examination), as age appropriate.
- Abdomen/extremities.
- Rectovaginal, as indicated.
- Inspection of rectum and rectal exam for clients 50 years and over, as indicated.
- Other lab tests as indicated and available (sickle cell, pregnancy, blood glucose, cholesterol, lipid screen, diabetes testing).
- Gonorrhea/Chlamydia (GC) screening and testing and Wet Mount, as indicated

Counseling and Education

Counseling and Education Efforts includes an Exploration of the following

- Education.
- Employment.
- Health promotion.
- Affiliations.
- Tobacco.
- Substance and alcohol use.
- Living situation.
- Mental health, suicide, depression, anger management
- and rage.
- RLP.
- Condom use.
- STI/HIV risk reduction and HPV vaccine.
- Emergency Contraception (use and access
- Mammography, as indicated.
- Colon cancer screening, as indicated.

Counseling for Adolescents must also include:

- Abstinence.
- Safer sex practice options.

- Resisting sexual coercion.
- Confidentiality of services.
- Family involvement/participation.

Date Revised	September 2023
References	ASCCP Consensus Guidelines 2006; ACOG Practice Bulletin 109; USPSTF Recommendations 2012; QFP, 2014; Recommendations for Well Woman Care, A Well Woman Chart, HRSA, 2019
Additional Resources	ACOG Practice Bulletin #122 "Breast Cancer Screening", 2011; ACOG Practice Bulletin #131 "Screening for Cervical Cancer", 2012; U.S. Preventive Services Task Force Recommendation Statement, August 2018, JAMA 2018:320(7)674-686; Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer, accessed 8/26/19 at https://jamanetwork.com/journals/jama/fullarticle/2748515 ; Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] (https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html)