C2.7 – PERIODIC HEALTH ASSESSMENT

Policy

To ensure each SR and service site have 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 the Initial Visit and Minimum Standards of Care Policies for further guidance.

History

Review and update the initial history

- Obstetrical history (if applicable)
- LMP (if applicable)
- Medical history
- Immunizations
- Gynecologic history (if applicable)
- Family medical history
- Allergy history
- Contraceptive history
- Nutrition and weight changes
- Sexual history, including STIs
- IPV and sexual violence
- Psychosocial history
- Social history
- Miscellaneous information:
  - Review current medication intake
  - Review smoking/alcohol/drug abuse

Assess Contraceptive Need

- Review knowledge, correct use and compliance of current method of birth control.
- Review client's acceptance of method. If a method change is indicated, review any contraceptive methods the client expresses interest in and any appropriate alternatives due to client contraindications
- Review side effects and warning signs related to current method of choice.
- Discuss Emergency Contraception.

Perform Thorough Chart Review

- Include assessment of past/current lab (including routine and exam procedures).
- Review Clinic Routine and Exam Procedure of Initiation of Mammography Examinations, if indicated, 2019 USPSTF recommends using an assessment tool (i.e. 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 (i.e. Ashkenazi Jewish descent). Routine genetic assessment and testing is not indicated in women who don't meet the above criteria. Women with a family history of breast cancer diagnosed in a first degree relative before the age of 50 should be managed according to the American Cancer Society (ACS) Guidelines or referred to their Clinical Services Provider for appropriate screening.

Breast Cancer Screening Recommendations for AVERAGE Risk

POPULATION	RECOMMENDATIONS

Age under 40	No routine breast screening.
Age 40-49	Shared decision making with patient about screening. If screening is planned, screening interval recommendations differ between annually or every other year.
Age >50	Screening should be done. Recommendations for interval of screening vary between annually or every other year.
Age 75 and up	Screen if life expectancy is more than 10 years or based on a shared decision-making process with patient.

*If mammography identified “extremely dense” breast tissue, consider addition of screening breast ultrasound. Breast cancer risk assessment and screening in average-risk women. Practice Bulletin No. 179. American College of Obstetricians and Gynecologists.
Obstet Gynecol 2017; 130:e1–16. Reaffirmed 2021.

Review STI/HIV Risks and Prevention

Refer to the Sexually Transmitted Infections and HIV Policy.

Referrals

Initiate appropriate referrals if abnormalities are noted. Order appropriate testing and/or refer to appropriate CSP.

Date Revised	**September 2023**
References	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)
Additional Resources	Obstetrics & Gynecology, 2017 Practice Bulletin #170 "Breast Cancer Risk Assessment in Average Risk Women.” Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer, accessed 8/26/19 at https://jamanetwork.com/journals/jama/fullarticle/2748515