

**Women's Preventive Health – Male Tool**

Health Department: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewers: \_\_\_\_\_

**Patient Identifier**

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1 2 3 4 5 6 7 8 9 10

**1. Initial History**

Significant illnesses** R										
Allergies R										
Current use of prescription/OTC meds R										
Extent of use of tobacco, alcohol, and other drugs R										
Immunization and Rubella status R										
Review of systems R										
Pertinent history*** R										
Partner history**** R										
Sexual History and social history R										
STDs (including HBV) R										
HIV R										
Urological conditions R										
Record Compliant?										

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

\*\*hospitalizations, surgery, blood transfusion or exposure to blood products, chronic and acute medical conditions

\*\*\*of immediate family members/genetics

\*\*\*\*Injectable drug use

Multiple partners

Risk history for STDs and HIV

Bisexuality

**Comments**

<b>CODE</b>	<b>KEY</b>
✓ = Present	(R) Required
0 = Absent	(I) As indicated by history, physical, method, or previous lab tests
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**Patient Identifier**

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**2. Updated History**

	1	2	3	4	5	6	7	8	9	10
Update personal history <b>R</b>										
Update family medical <b>R</b>										
Update social history <b>R</b>										
Record Compliant?										

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

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**3. Initial Physical**

	1	2	3	4	5	6	7	8	9	10
Height and Weight <b>I</b>										
Calculate Body Mass Index (BMI) <b>Rec as clinically indicated</b>										
Thyroid <b>I</b>										
Heart/Lungs <b>I</b>										
Breast <b>I</b>										
Abdomen <b>I</b>										
Extremities <b>I</b>										
Genitals <b>I</b>										
Rectum <b>I</b>										
Palpation of prostate <b>I</b>										
Instructions in self-exam of testes <b>I</b>										
Blood pressure evaluation <b>I</b>										
Colo-rectal cancer screening over 50 <b>I</b>										
STD/HIV screening <b>I</b>										
Record Compliant?										

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

Rec – Recommended

NOTE: Patients not seen for more than three years must be considered new and follow initial patient guidelines.

(CPT.P.1., E/M Service Guidelines)

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**4. Annual/Return Physical**

	1	2	3	4	5	6	7	8	9	10
Height and Weight <b>I</b>										
Calculate Body Mass Index (BMI) <b>Rec as clinically indicated</b>										
Thyroid <b>I</b>										
Heart/Lungs <b>I</b>										
Breast <b>I</b>										
Abdomen <b>I</b>										
Extremities <b>I</b>										
Genitals <b>I</b>										
Rectum <b>I</b>										
Palpation of prostate <b>I</b>										
Instructions in self-exam of testes <b>I</b>										
Blood pressure evaluation <b>I</b>										
Colo-rectal cancer screening over 50 <b>I</b>										
STD/HIV screening <b>I</b>										
Record Compliant?										

% Required	100
# Compliant	
# Not Compliant	
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Rec – Recommended

NOTE: Patients not seen for more than three years must be considered new and follow initial patient guidelines. (CPT.P.1., E/M Service Guidelines)

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**5. Labs Initial Visit**

	1	2	3	4	5	6	7	8	9	10
Anemia assessment <b>I</b>										
Gonorrhea <b>I</b>										
Chlamydia <b>I</b>										
Diabetes testing <b>I</b>										
Cholesterol and lipids <b>I</b>										
Hepatitis B testing <b>I</b>										
Syphilis serology <b>I</b>										
Rubella titer <b>I</b>										
Urinalysis <b>I</b>										
HIV testing <b>I</b>										
Record Compliant?										

% Required	100
# compliant	
# not compliant	
% Compliant	
Fund Condition	-3

**Comments**

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**6. Labs Annual/Return Visit**

	1	2	3	4	5	6	7	8	9	10
Anemia assessment <b>I</b>										
Gonorrhea <b>I</b>										
Chlamydia <b>I</b>										
Diabetes testing <b>I</b>										
Cholesterol and lipids <b>I</b>										
Hepatitis B testing <b>I</b>										
Syphilis serology <b>I</b>										
Rubella titer <b>I</b>										
Urinalysis <b>I</b>										
HIV testing <b>I</b>										
Record Compliant?										

% Required	100
# compliant	
# not compliant	
% Compliant	
Fund Condition	-3

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### 7. Immunity Assessment

	1	2	3	4	5	6	7	8	9	10
Rubella vaccine or prior Rubella titer** <b>R</b>										
Tetanus/Diphtheria within last ten years <b>R***</b>										
Record Compliant?										

% Required	100
# compliant	
# not compliant	
% Compliant	
Fund Condition	-3

\*\*once immunity is documented, no further assessments are needed.

\*\*\*If the date of the last Tetanus/Diphtheria vaccine is determined by patient self-report, then this should be indicated in the patient record.

#### Comments

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**8. Client Education**

Client education must be documented in the record and must provide clients with info needed to:

	1	2	3	4	5	6	7	8	9	10
Make informed decision about family planning <b>R</b>										
Use specific methods of contraception** <b>R</b>										
Perform testicular self examination <b>R</b>										
Reduce risk of transmission of STDs and HIV <b>R</b>										
Understand the range of available services*** <b>R</b>										
Understand the importance**** <b>R</b>										
Healthy Weight education (Rec)										
Stop tobacco use, implementing the 5A counseling approach (Rec)										
Record Compliant?										

% Required	100
# compliant	
# not compliant	
% Compliant	
Fund Condition	-3

\*\*and identify adverse effects

\*\*\*and the purpose and sequence of clinic procedures

\*\*\*\*of recommended screening tests and other procedures involved in family planning

Rec - Recommended

**Optional Information**

Female and male reproductive anatomy and physiology; value of fertility regulation in family and individual health; reproductive health, nutrition, exercise, smoking cessation, alcohol and drug abuse, domestic violence and sexual abuse.

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**9. Client Method Counseling**

	1	2	3	4	5	6	7	8	9	10
Results of physical exam and lab <b>R</b>										
Effective use of contraception** <b>R</b>										
Possible side effects/complications <b>R</b>										
How to d/c method selected*** <b>R</b>										
Planned return schedule <b>R</b>										
Emergency 24 hour number <b>R</b>										
Location where emergency services**** <b>R</b>										
Appropriate referral for additional services <b>R</b>										
Record Compliant?										

% Required	100
# Compliant	
# Not compliant	
% Compliant	
Fund Condition	-3

\*\*benefits and efficacy  
 \*\*\*information on back up method, use of OCP as emergency contraception  
 \*\*\*\*can be obtained

**Comments**

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**10. Consent Form for Method Selected**

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

	1	2	3	4	5	6	7	8	9	10
Consent form reviewed, dated & **										
Consent forms updated ***										
Individual risks identified on form.										
Minors under 18 years of age counseled ****										
Record Compliant?										

\*\* signed by client, copy to client. *Specific method of choice identified on consent.*

\*\*\* and re-signed with change of method *Not required when changing oral contraceptive prescription.*

\*\*\*\* on importance of discussing contraceptive needs with parent(s); offered and provided counseling on how to resist sexual coercion as indicated. Consent form signed by minor.

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**11. Screening, Diagnosis, Treatment and Follow Up Services**

	1	2	3	4	5	6	7	8	9	10
Significant problems identified/documentated										
Problems, conditions & abnormal findings**										
Record Compliant?										

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

\*\* discussed with client, and appropriately followed.

**Comments**

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**12. Provider Qualifications\*\***

% Required	100
# Compliant	
# Not Compliant	
% Compliant	
Fund Condition	-3

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

*\*\*The lowest level provider of care on all initial and complete visits for oral contraceptive, IUD, Norplant and Depo Provera users was a physician, physician extender (nurse practitioner, CNM or physician assistant) or nurse trained to function in the enhanced role following established program policy*

**Comments**

**SCORE**

Total points available	<b>36</b>
<i>Points deducted Page 1</i>	
<i>Points deducted Page 2</i>	
<i>Points deducted Page 3</i>	
<i>Points deducted Page 4</i>	
<i>Points deducted Page 5</i>	
<i>Points deducted Page 6</i>	
<i>Points deducted Page 7</i>	
<i>Points deducted Page 8</i>	
<i>Points deducted Page 9</i>	
<i>Points deducted Page 10</i>	
<i>Points deducted Page 11</i>	
<i>Points deducted Page 12</i>	
Total points deducted	
Net Score (36 - total points deducted)	
<b>FINAL SCORE</b> (net score ÷ total points available x 100)	<b>%</b>

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**Family Planning****2007-08****Required Policies, Protocols, and Services**

The local health agency has written policies in place for family planning services that include:

- a. Description of local family planning services, including local protocols, standing orders and components of an initial and annual/return visit, as well as procedures for sterilizations (Title X, section 8.4) and basic (Level I) infertility services, (Title X, Section 8.5). (Title X, section 7.1) **Yes  No**
- b. Tracking mechanisms for follow-up of abnormal clinical and laboratory findings. **Yes  No**   
(Title X, section 7.4)
- c. Follow-up of family planning clients with positive pregnancy tests to assure clients have access to health care providers. (Title X, section 8.6) **Yes  No**
- d. Protocol for clients desiring permanent contraception. (Title X, section 8.4) **Yes  No**
- e. A written plan/protocol that addresses education, counseling, and referral regarding: STDs/HIV, Hepatitis B infection, and immunizations. (Title X, section 7.1) **Yes  No**
- f. Counseling family planning postpartum clients to delay pregnancy for at least 18 months after delivery. (Healthy People 2010) **Yes  No**
- g. Provision of emergency contraception on-site or by referral. (Title X, section 7.1) **Yes  No**
- h. Deferment of physical exam for clients requesting contraceptive services based on prescribing information. Reason for deferment must be documented in client record. (Title X, section 8.3) May be deferred at client or provider request. **Yes  No**
- i. Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race/ethnicity, disability, and socioeconomic status. This should be inclusive of orientation for new staff as well as ongoing continuing education for existing staff. **Yes  No**
- j. Promoting customer friendly service that meet the needs of populations that are underserved, e.g. have statement relating to ongoing assessment such as “Conduct annual environmental assessment to ensure customer satisfaction and staff utilization of knowledge.” **Yes  No**
- k. Assurance that services are provided solely on a voluntary basis and that a client’s acceptance of service is not a prerequisite to eligibility or receipt of a non-Title X service. (Title X, section 5.1) **Yes  No**
- l. A documented process to assure staff members have been informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or a sterilization procedure. (Title X, section 5.1) **Yes  No**

- m. Assurance that employees are prevented from using their positions for purposes of private gain (conflict of interest) and assurance that staff has received a copy of this policy. (Title X, section 5.3) **Yes**  **No**
- n. Adherence to legal requirements governing human subjects research. (Title X, section 5.5) **Yes**  **No**
- o. Establishment of a media review/advisory committee with 5 to 9 members who broadly represent the community and maintain written records of their determinations. (Title X, section 6.8) **Yes**  **No**
- p. Assurance of adherence to the 101% - 250% sliding fee scale. (Title X, section 6.3) **Yes**  **No**
- q. Addressing of aging outstanding accounts. (Title X, section 6.3) **Yes**  **No**
- r. Reflection that family planning clients are not required to have proof of income and cannot be denied services because of outstanding account balances. (Title X, section 6.3) **Yes**  **No**

Clients enrolled in the local agency's family planning program will be provided the services listed below. Clients choosing to delay or defer a service must be counseled about the possible health risks associated with declining or delaying preventive screening tests or procedures. Agency must obtain written documentation of declination. (Title X, section 8.3).

- a. A complete medical history on all female and male clients at the initial comprehensive clinical visit. Refer to attached flow sheet for contents of history. (Title X, section 8.3) **Yes**  **No**
- b. A complete physical examination on all clients (male and female) at the initial comprehensive clinical visit. Refer to attached flow sheet for contents of physical assessment. (Title X, section 8.3) **Yes**  **No**
- c. Revisit schedules must be individualized based upon the client's need for education counseling, and clinical care beyond that provided at the initial and annual visit. (Title X, Section 8.3) **Yes**  **No**
- d. For local agencies that receive Women's Health Service Funds, the agency agrees to comply with Chapter 769, Section 27.9 of the 1993 Session Laws regarding the budgeting and expenditure of Women's Health Service funds. (Women's Health Resource Manual, Volume II) [16-5 (a-b)] This legislation also requires participating local agencies to counsel patients/clients without a high school diploma about the benefits of completing high school or obtaining a G.E.D. **Yes**  **No**

In compliance with the attached "Flow Sheet," lab tests must be obtained on all initial and annual visits, and test results must be documented in the medical record. (As indicated on the "Flow Sheet," certain tests are not required if there is written documentation of negative results in the last six months.)

Assessment for rubella and tetanus-diphtheria immunity will be documented in the client's record on all initial and annual visits:

- a. At their initial visit, clients able to provide written documentation of rubella immunity will have this status documented in their charts. Once immunity is documented, no further assessments are needed. Clients unable to provide this documentation will receive either: **Yes  No**
- a rubella titer and vaccination if susceptible, or,
  - a rubella vaccination.
- b. Tetanus-diphtheria assessment includes documentation of tetanus-diphtheria vaccine within the last ten years. If no documentation, Td vaccine should be given. If the source of the documentation is oral, then the source of the documentation should be indicated in the record. **Yes  No**

### **Education and Counseling**

- a. Agencies must have written plans for client education that include goals and content outlines to assure consistency and accuracy of information provided. (Title X, section 8.1) **Yes  No**
- b. Client education must be documented in the client record. Required education offered outside the family planning clinic will be assessed, documented, and updated as appropriate according to the needs of the individual family planning client. Refer to flow sheet for education requirements. **Yes  No**   
(Title X, section 8.1)
- c. Client method counseling must be included in the client's record. Methods counseling is individualized dialogue with the client. Refer to Flow Sheet for requirements. (Title X, section 8.2) **Yes  No**
- d. All clients will receive counseling on STDs and HIV to include; risk and risk reduction, prevention and referral services. A list of health care providers who can provide HIV risk assessment, counseling and testing must be provided to clients if their services are not provided in the family planning clinic. (Title X, section 8.2) **Yes  No**
- e. All minors will be: (1) offered counseling on how to resist coercive attempts to engage in sexual activities; (2) provided this counseling in cases where the minor requests it; and (3) provided counseling and other appropriate services where there is physical evidence or evidence by history that such counseling is indicated. **Yes  No**   
(Title X, section 8.7)

**Method Specific Informed Consent**

- a. A written informed consent, specific to the contraceptive method, must be signed before a prescription contraceptive method is provided. Specific education and consent forms for the contraceptive method provided must be part of the project’s service plan. Informed consent must include: (Title X, section 8.1) **Yes**  **No** 
  - A consent form written in a language understood by the client or translated and witnessed by an interpreter (This form must be a part of the client’s record); and,
  - Information on the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the contraceptive method chosen.
- b. Projects performing or arranging for a sterilization must comply with all Federal sterilization regulations [42 CFR Part 50, Subpart B], which address informed consent requirements. (Title X, section 8.1) **Yes**  **No**

**Annual/Quarterly Reports**

- a. Local health departments must submit, at least annually and no later than August 15th, family planning media review documentation and summary of committee meetings using form DHHS 3491. This may be mailed or faxed (919-870-4827) to the Women’s Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Program Consultant. Form DHHS 3491 may be obtained from the DPH Mailroom. **Yes**  **No**
- b. Sterilization Reporting Requirements **Yes**  **No** 
  - Local family planning programs that **“perform”**, or **“arrange for”** sterilization services funded with Federal Title X, Medicaid/Title XIX, or other federal funds, must report all sterilization procedures, including vasectomies, by the end of each calendar year quarter during which a reportable procedure was performed (by last business day of March, June, September, December.) Procedures must be reported using Form PHS-6044 (Revised) – Public Health Sterilization Record.. (See Section D, Attachment III)
  - The term **“perform”** means to pay for or directly provide the medical procedure itself. **“Arrange for”** means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with another health care provider) for the sterilization of an eligible individual by a health care provider other than the local agency. **“Arrange for”** also applies when the local agency is actively involved in the planning and/or the setting up of the actual sterilization procedure itself. **NOTE:** Local agencies that provide sterilization services as part of the Family Planning Medicaid Waiver, must report the procedures.

- Local agencies that neither **“perform”** nor **“arrange for”** sterilizations supported with federal funds, must submit annually by August 15, a letter requesting a waiver from the quarterly reporting requirement for sterilization services. The letter may state that the local agency does not, nor does it plan to engage in performing or arranging for sterilizations during the year.
- Form PHS-6044 (Revised), and the waiver letter request should be sent to:

Women’s Health Branch  
 1929 Mail Service Center  
 Raleigh, NC 27699-1929  
 Attn: Family Planning Program Consultant  
 Fax: 919-870-4827

**Diagnosis, Treatment, Referral and Follow-Up Services**

There will be evidence in the medical record that:

- a. Significant problems were identified, documented, and referrals made as needed; **Yes**  **No**
- b. Significant abnormal clinical and laboratory findings were discussed with the client; **Yes**  **No**
- c. Necessary clinical procedures were performed; **Yes**  **No**
- d. Medications and /or supplies were provided as needed; and, **Yes**  **No**
- e. Problems, conditions, and abnormal findings are appropriately followed. (Title X, section 7.2) **Yes**  **No**

**Service Providers**

- a. Certain low-risk clients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Training. See Enhanced Role specifications (Volume II of the Women’s Health Resource Manual) for detailed criteria. In health departments that have enhanced role screeners, a roster will be maintained and kept up-to date. The roster should include date of completion of the enhanced role nurse training, number of client contact hours (combination of time spent as a nurse interviewer and highest level care provider), and accrued educational contact hours. Completed information should be maintained and updated annually at the local health department. This information must be submitted by August 15th of each year to the Women’s Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Nurse Consultant. **Yes**  **No**

b. All new family planning clinic coordinators must complete the Women's Health Training which includes

- 1. Caring for Women in NC, **Yes**  **No**
- 2. Orientation to Women's Health at your Health Department, **Yes**  **No**
- 3. Developing Management Skills for Women's Health (or evidence of equivalent training) and **Yes**  **No**
- 4. Women's Health Core Course. **Yes**  **No**

c. Existing clinic coordinators for Family Planning must have completed Developing Management Skills for

Women's Health (or evidence of equivalent training) and the Women's Health Core Course. **Yes**  **No**