



PHYSICAL HEALTH ASSESSMENT ROUTING SHEET



Name: _____ Rate/Rank: _____ Unit: _____
 Date of Birth: _____ DoD ID# _____ Phone _____

Step I: Complete the Online ePHA

DIRECTIONS: The Department of Defense relies on an online ePHA process which must be completed **PRIOR** to record screening by the PHA office and your provider. Please complete the following steps in order to access the site and complete the online portion of the ePHA.

1. Create an ePHA account by going to the following website <https://data.nmcphc.med.navy.mil/PHA/index.aspx>
 - a. Needs to be completed only one time and will be used for all future ePHAs
2. Make sure you have your DoD ID number and 5-digit Unit Identification Code (UIC) on hand.
3. Complete the ePHA survey
4. Save and review the patient education form which is generated at the end of the ePHA survey

Step II: Complete ePHA Screening Tests and Labs

DIRECTIONS: Walk-in or call (805) 989-7213 to review what items are due. You are required to complete the labs, tests, and procedures as marked below (or discussed over phone) **PRIOR** to your appointment to review and complete your PHA with our staff and your provider. Make sure the department representative, lab tech, or corpsman *initials completion* of each task. Incomplete tasks will delay the processing of your ePHA.

_____ **DENTAL EXAM:** You are due for a dental exam please call or walk-in to schedule an appointment:
 • Point Mugu dental at (805) 989-7603

_____ **LABORATORY:** You are due for the following labs as marked below. You (Will / Will Not) need to be fasting prior to the blood draw. The lab is a walk in clinic open from 0800 – 1400 M-TH and located next to Pharmacy and Radiology Check-in.

- | | | | | | |
|---------------------------------|-------------------------------|------------------------------|------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> HIV | <input type="checkbox"/> DNA | <input type="checkbox"/> PSA | <input type="checkbox"/> RPR | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> CBC |
| <input type="checkbox"/> Lipids | <input type="checkbox"/> G6PD | <input type="checkbox"/> LFT | <input type="checkbox"/> UA | <input type="checkbox"/> Blood Type | <input type="checkbox"/> Other |

_____ **IMMUNIZATIONS:** You are due for the following immunizations. Immunizations is done on a walk-in basis, please check-in at the front desk to receive your immunization.

- | | | | | | |
|-------------------------------|--------------------------------|--|----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Flu | <input type="checkbox"/> Hep A | <input type="checkbox"/> MMR | <input type="checkbox"/> Polio | <input type="checkbox"/> Typhoid | <input type="checkbox"/> PPD |
| <input type="checkbox"/> TDap | <input type="checkbox"/> Hep B | <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Anthrax | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Other |

_____ **AUDIOGRAM:** You are due for an Audiogram. Please come in M-TH from 0800-1100 to complete.

_____ **OCCUPATIONAL HEALTH:** You are due for the following exams. Please make an appt with the front desk in turn with your PHA appt to complete.

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Flight Deck | <input type="checkbox"/> Long Form Flight | <input type="checkbox"/> Short Form Flight | <input type="checkbox"/> PPD Reactor Annual Counseling |
| | | | <input type="checkbox"/> Interim TB Exposure Risk Assessment |

_____ **OPTOMETRY:** You are due for an eye exam please call to schedule an appointment:
 • Port Hueneme Optometry at (805) 982-6336

EXPRESS PHA



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Step III: Complete Screening Questions

DIRECTIONS: Complete the following questions **PRIOR** to your appointment.

- Yes No Would you like an appointment with a provider?
- Yes No Do you have any allergies to medications? If yes please specify _____
- Yes No Do currently drink alcohol? If yes, On average, how many alcoholic drinks do you consume each week?
_____ What is the maximum number of drinks you consume per occasion? _____
- Yes No Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?
- Yes No Over the PAST MONTH, have you had thoughts or concerns that you might hurt or lose control with someone?
- Yes No Are you currently taking any medications? If yes, please list below (please include name, dose, and how often you take it) _____

Step IV: Make your Appointment With the Front Desk (805) 989-7213. Date/ Time: _____

Step V: At Your Appointment.

FOR CORPSMAN USE ONLY:

BP _____ P _____ RR _____ T _____ Height _____ Weight _____ Age _____ Gender _____

RECORD SCREENING

- Labs, screening exams, and testing completed as required and verified
- Record review complete and updated in ePHA website
- MRRS Updated

I certify that I have completed the record review of the ePHA:

ePHA Corpsman

Step VI: Provider Screening

FOR PROVIDER USE ONLY:

MHA SCREENING

- MHA screening questions completed in ePHA
- Supportive resources discussed with patient and reviewed in handout
- BRIEF counseling provided to the patient

DISPOSITION

- Referred to PCM for follow up on medical issues
- Referred to MH for positive MHA screening
- No referral indicated, follow up as needed

MEDICAL READINESS

- Fully medically ready
- Partially medically ready, follow up required
- NOT medically ready, follow up required

RECORD SCREENING

- Medical record reviewed
- Counseling provided to the patient regarding health, exercise, and preventative measures
- Handout with resources, contact information, and follow up provided to the patient

I certify that I have completed and reviewed the ePHA with the recommendations as provided:

ePHA Provider