

1.2 COMPREHENSIVE MALE HEALTH HISTORY & PERIODIC PHYSICAL ASSESSMENT

TITLE	DESCRIPTION
DEFINITION:	<p>Title X clinics must offer health services to men. Men are less likely than women to seek preventive health care. Periodic health screening through physical assessment and selected laboratory testing provides an opportunity to detect a number of medical conditions in an early, often asymptomatic phase, which permits treatment before significant morbidity develops.</p> <p>Title X clinics <u>must</u> obtain and record a comprehensive health history in the client's medical record. The comprehensive health history <u>must</u> be collected at the initial visit and reviewed and updated annually. The health history should be collected at the following visit types: Contraceptive services, basic infertility services, preconception health services, STD services, and related preventive health services.</p> <p>Any clinical staff (Clinical Assistant, Medical Assistant, LPN, RN, APRN, PA, or Physician) can obtain the health history. Appropriate clinic staff (Physician, APRN, PA, or RN) need to review the health history and make notation in the medical record regarding self-reported variants. The following are guidelines for the comprehensive health history and periodic health assessment. Guidelines should never be a substitute for sound clinical judgement.</p> <p>A physical assessment visit involves screening, evaluation & counseling based on age, risk factors, desire for contraceptive, and other preventive health services as outlined by CDC Quality Family Planning (QFP) guidelines. Quality family planning services recommendations for men seeking barrier methods require no special evaluation. However, men requesting advice on pregnancy prevention and/or STD testing should be provided quality family planning services which include preconception health, STD services, basic infertility services, ways to attain/prevent pregnancy, and/or preventive health services. These screening components include reproductive life plan, medical history, sexual health assessment, alcohol and other drug use, tobacco use, immunizations, and depression. Physical examination and laboratory testing can be done if clinically indicated.</p> <p>The decision of when to schedule examinations or laboratory testing must be made on an individual basis after review of the health history and counseling by the provider. Professional medical judgement based on the comprehensive health history, as well as professional medical society recommendations must be considered when determining what services, the client requires. It remains the responsibility of the medical provider to decide the individual client's need for services at every visit.</p>
SUBJECTIVE:	<p>Comprehensive history review should include:</p> <ol style="list-style-type: none"> 1. Date of birth. 2. Reproductive Life Plan 3. Contraceptive history – self and current partner(s). 4. Allergies. 5. Medications. 6. Immunizations. 7. Sexual Health Assessment. 8. Past medical history including infectious or chronic health conditions. 9. Review of systems should include: <ol style="list-style-type: none"> a. Constitutional.

TITLE	DESCRIPTION
	<ul style="list-style-type: none"> b. Eyes, ears, nose, mouth, throat. c. Cardiovascular. d. Respiratory. e. Gastrointestinal. f. Genitourinary. g. Musculoskeletal. h. Skin. i. Endocrine. j. Psychological. k. Neurological. l. Hematological/Lymphatic. <p>10. Hospitalizations, surgeries, and injuries.</p> <p>11. Personal history (as appropriate):</p> <ul style="list-style-type: none"> a. Behavioral risks (e.g. tobacco use, alcohol use, drug use (route of use), high risk behaviors, etc.). b. Psychosocial (e.g. sexual orientation/gender identity, bullying/cyber safety, peer/intimate relationships, self-mutilation, etc.). c. Intimate partner violence (IPV) and domestic violence (DV). <p>12. Family history:</p> <ul style="list-style-type: none"> a. Myocardial infarction, stroke, or thromboembolic disorder before age 50. b. Thyroid disorders. c. Genetic disorders. <ul style="list-style-type: none"> i. Chromosomal risk assessment, per ACOG guidelines. d. Diabetes. e. High cholesterol.
OBJECTIVE:	<p>Should Include:</p> <ul style="list-style-type: none"> 1. Height, weight, and BMI. 2. Blood pressure (for clients with abnormal BP, see Elevated Blood Pressure-Prehypertension). <p>May Include:</p> <ul style="list-style-type: none"> 1. Inspect skin and hair, palpating inguinal nodes and penis; including location of the urethral meatus. 2. Palpation of the testes and scrotal contents. 3. Presence of the vas deferens and epididymis. 4. Presence of a varicocele, hydrocele, and signs of STIs. 5. Secondary sex characteristics; including normal growth and development. 6. Inspect the perianal area and perform digital rectal exam, as indicated.
LABORATORY:	<p>May Include:</p> <ul style="list-style-type: none"> 1. STI screening –per current CDC Sexually Transmitted Disease Guidelines. 2. HIV screening – between age 13 and 64 at least once and if high risk history of STI at any age as indicated. 3. Hepatitis C – should offer one-time screening for hepatitis C (HCV) infections for persons in the 1945-1965 birth cohorts or any person at high risk for infection and unaware of HCV status). 4. Lipid screening – Per USPSTF guidelines 5. Colorectal screening – Per USPSTF guidelines

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	6. Diabetes screening – Per USPSTF guidelines 7. Male infertility: a. Refer for semen analysis (see Basic Infertility Services).
ASSESSMENT:	Health screening male client. For a checklist of family planning and related preventive health services for men, see CDC's <i>Providing Quality Family Planning Services</i> , Page 23, Table 3.
PLAN/EDUCATION:	1. Review with client any potential physical findings and/or laboratory results. The client must demonstrate clear understanding that they will be notified of abnormal test results. 2. Counsel on prevention health per client's needs. 3. Counsel on preconception health recommendations, as indicated. 4. When working with male clients, discuss information about female contraceptive methods, including emergency contraception. 5. Encourage client to have discussion on contraception with partner(s) and provide information to client on how partner(s) can access contraceptive services. 6. Identify need for other services including: acute care, chronic care management, and/or preventive services. Assist with any referral, as indicated. 7. Review immunization recommendations per CDC guidelines. Provide or recommend vaccines according to current CDC ACIP guidelines. 8. Counsel client regarding STI/HIV screening, and reduction including barrier methods and safer sex practices. 9. If client is seeking infertility evaluation, both partners should begin at the same time (see Basic Infertility Services protocol). 10. Counsel on self-testicular exams. 11. Document that the client verbalizes clear understanding of information and counseling provided.
REFERRAL TO MEDICAL PROVIDER:	1. Any health services beyond the scope of Title X services are referred to specialty care as warranted. Whenever possible, clients should be given a choice of providers from which to select for referral services. 2. Any psychological problems which need immediate assessment including social services, and victim services. 3. Any medical concerns and any requests by the client seeking additional medical care. 4. Any infertility outside basic infertility services. 5. Clients seeking permanent sterilization.
REFERENCES:	1. OPA Family Planning National Training Centers. Family Planning and Related Preventive Health Services (http://fpntc.org/sites/default/files/resource-library-files/JobAids_checklists_508.pdf). 2. Gavin, L., Moskosky, S., Carter, M., et al. Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs . <i>MMWR</i> 2014;63 (No.RR-4). (http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf). 3. CDC Sexually Transmitted Diseases Treatment Guidelines . (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf) 2015.