Patrius Health

Health Risk 360

How to Complete the HR360

Use one of the following methods to complete this form:

- **Print a form if preferred**. For a limited time, forms can be uploaded through the medical records request in *my*Notifications.
- **COMING IN EARLY 2024:** You can use our new interactive AutoHR360 tool for easier submission. Log in to ***my*Blue Provider** and click Blue Advantage Resources. You will find the HR360 link under Provider Tools at the top of the webpage.
- You have the option to print a blank form and upload it through the AutoHR360 tool if that works best with your workflow.

Tips for completing the HR360:

- Complete all pages and sections of the HR360 form. **Incomplete forms will not be accepted.**
- Verify patient information (patient name, Patrius Health subscriber number, date of birth and date of service) is visible on each page.
- Document vital signs for in-office visits.
- After the claim for the AWV or physical exam is adjudicated, you will receive a medical record request under myNotifications in myBlue Provider. Use that notification to upload the completed HR360 form. **Telehealth encounters performed via audio only are not eligible for the HR360 incentive.**
- Include the provider name, tax ID, and NPI number.
- Verify that the provider's signature and credentials are legible.

Note: For additional information, review the Patrius Health provider website for details.

Patient Name:	DOB:	DOS:	Contract Number:	NPI#:

Health Risk 360

Patrius Health

PCP:	BP#1 /	BP#2 /	if BP ≥ 140/90 Repeat

Height:	Feet	Inches	Weight:	LBS ☐ Unable to obtain	BMI:	Morbid Obesity: ☐ Yes ☐ No

Assessment was Telehealth ■ Audio and Video (Note: If Audio Only - Do Not Submit Form)

Note: In each section below, please document and include all current, chronic, and historical conditions affecting the care, treatment, or management of your patient, noting all manifestations and sequelae.

Preventive Care

Mammogram DOS:	Bone Density/Dexa DOS:
Vaccines: ☐ Pneumonia Date: _____ ☐ Patient Refused ☐ Flu Date: _____ ☐ Patient Refused ☐ COVID-19 (Most Recent) Date: _____ ☐ 1 ☐ 2 ☐ Booster ☐ Patient Refused	Colon Cancer: ☐ Colonoscopy DOS: _____ ☐ Flex Sig DOS: _____ ☐ FitDNA (e.g., Cologuard) DOS: _____ ☐ FOBT/gFOBT/FIT DOS: _____

Medication (List Below or Attach Active Rx List)

☐ Statin Intolerance Due to:	☐ Med Adherence Issues:
Inpt D/C in last 31 days: ☐ Yes D/C Date:	Inpt Rx Reconciled: ☐ No ☐ Yes (Bill Code: 1111F)
In the following section, attach the medication list, or complete in the space provided.	
Active Rx List: ☐ Attached (Current/Signed/Dated)	
1.	13.
2.	14.
3.	15.
4.	16.
5.	17.
6.	18.
7.	19.
8.	20.
9.	21.
10.	22.
11.	23.
12.	24.

Surgical History ■ Reviewed and not applicable

☐ Organ Transplant: Type + Year:	
☐ Mastectomy: ☐ Bilat. Date: ☐ Unilat. ☐ L ☐ R Date:	☐ CABG Date(s): ☐ PTCA Date(s): ☐ AICD Date(s):
☐ Colostomy Date: ☐ Tot. Colectomy Date:	☐ Other Ostomy (list site and date):

Hypertension ■ Reviewed and not applicable

☐ Essential Hypertension	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Hypertension w/CKD (stage):	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Hypertension w/Heart Failure:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Hypertension w/Heart Failure + CKD (Stage):	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Portal Hypertension	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Pulmonary Hypertension	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Venous Hypertension w/Ulcer, Chronic	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ HTN w/Other Complications:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Patient Name:	DOB:	DOS:

Nutritional/Metabolic ■ Reviewed and not applicable	
☐ Hyperlipidemia Due to diabetes: ☐ Yes ☐ No	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Mixed Hyperlipidemia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Cachexia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Malnutrition	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Anorexia Nervosa ☐ Bulimia Nervosa	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Nutritional/Metabolic Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Cardiovascular ■ Reviewed and not applicable	
☐ Unstable Angina ☐ Postinfarction Angina	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Acute Ischemic Heart Disease	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Myocardial Infarction ☐ In last 4 weeks	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Heart Failure ☐ End Stage ☐ Acute on Chronic ☐ Acute or AoC RHF ☐ Chronic/Unspecified	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Cardiomyopathy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Aneurysm of Pulmonary Artery	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Aortic Aneurysm, Ruptured	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Thromboembolism - aorta or kidney	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Atherosclerosis of Extremities with Gangrene	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Atrial Flutter ☐ Atrial Fibrillation	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DVT: ☐ Acute ☐ Chronic ☐ Upper ☐ Lower ☐ Upper and Lower	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Chronic Pulmonary Embolism	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ H/O CVA ☐ w/ Late Effects:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Cardiovascular Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Diabetes ■ Reviewed and not applicable	
☐ Diabetes Mellitus: ☐ Type I ☐ Type II	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Retinopathy ☐ w/Macular Edema	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Cataracts ☐ DM-related Glaucoma	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Hypoglycemia ☐ DM w/Hyperglycemia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/ Diabetic Dermatitis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Gastroparesis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Nephropathy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/CKD Stage:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Neuropathy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/Arthropathy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/ Foot Ulcer	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ DM w/ ☐ PAD ☐ PVD ☐ w/Gangrene	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other DM-related Complication	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Treating w/ ☐ Insulin ☐ Oral Rx ☐ ACE/ARB ☐ Statin ☐ Non-Insulin Inj.	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Opthalmic ■ Reviewed and not applicable	
☐ Legal Blindness	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Macular Degeneration	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Ophthalmic Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Renal ■ Reviewed and not applicable	
☐ CKD 1 (GFR >89) ☐ CKD 2 (GFR 60-89) ☐ CKD 3A (GFR 45–59) ☐ CKD 3B (GFR 30-44) ☐ CKD 3, unspecified ☐ CKD 4 (GFR 15-29) ☐ CKD 5 (GFR <15)	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Chronic Renal Insufficiency	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ ESRD ☐ Dialysis Status ☐ AV Shunt for Dialysis Present	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Renal:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Patient Name:	DOB:	DOS:

Psychiatric and Substance Abuse ■ Reviewed and not applicable

☐ Major Depressive Disorder: ☐ Single or ☐ Recurrent Severity: ☐ Mild ☐ Mod ☐ Severe ☐ In Remission ☐ Unspecified	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Biploar Disorder	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Delusional Disorder	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Schizophrenia ☐ Schizoaffective Disorder	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Psychiatric Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Tobacco Use ☐ H/O Tobacco Use	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
Alcohol | Cannabis | Cocaine | Opioid | Sedative, Hypnotic or Anxiolytic *For any above substance, please complete the Substance Abuse Supplemental on page 5.	

Dementia ■ Reviewed and not applicable

☐ Alzheimer's Disease	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Dementia: ☐ Mild ☐ Mod ☐ Severe ☐ Unspecified	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Vascular Dementia: ☐ Mild ☐ Mod ☐ Severe ☐ Unspecified	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Neurocognitive Disorders w/Lewy Bodies	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Dementia Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Neurologic ■ Reviewed and not applicable

☐ Amyotrophic Lateral Sclerosis (ALS)	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Cerebral Palsy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Epilepsy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Monoplegia ☐ Paraplegia ☐ Quadriplegia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Multiple Sclerosis (MS) ☐ Muscular Dystrophy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Myasthenia Gravis ☐ Acute Exacerbation? ☐ Yes ☐ No	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Parkinson's Disease ☐ w/Dementia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Parkinsonism	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Neurologic Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Musculoskeletal and Skin ■ Reviewed and not applicable

☐ Amputation, H/O ☐ Above Knee ☐ Below Knee ☐ Ankle ☐ Foot ☐ Phantom Limb Syndrome	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Rheumatoid Arthritis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Degenerative Disc Disease	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Systemic Lupus Erythematosus	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Osteomyelitis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Osteoporosis ☐ Osteopenia	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Psoriasis ☐ Psoriatic Arthritis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Sjogren (Sicca) Syndrome ☐ w/Lung involvement	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Ulcer, Chronic: ☐ Non-Pressure ☐ Pressure (Stage/Site/Severity): _____	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Musculoskeletal/Skin Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

GI/GU ■ Reviewed and not applicable

☐ Ulcerative Colitis (UC) ☐ w/ Intestinal Obstruction	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Crohn's Disease	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Colon Polyps, History Of	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ GERD ☐ with Esophagitis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Esophageal Varices ☐ with Bleeding ☐ Secondary	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Hepatitis, Chronic Type:_____ Treatment Completed? ☐ Yes ☐ No	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Hepatic Failure, Chronic ☐ Hepatic Encephalopathy	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Alcoholic Hepatitis ☐ Alcoholic Cirrhosis of Liver ☐ Alcoholic Hepatic Failure	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Billiary Cirrhosis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Cirrhosis of Liver	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Incontinence ☐ Urinary ☐ Fecal	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Patient Name:	DOB:	DOS:

☐ Benign prostatic hyperplasia (BPH)	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Urinary Catheter	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other GI/GU Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Neoplasms ■ Reviewed and not applicable

☐ Active Cancer Site(s): Site 1_____ Site 2_____ Site 3_____	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Metastasis Site(s): Site 1_____ Site 2_____ Site 3_____	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
Tx: ☐ Chemo ☐ Rad Tx ☐ Tx Completed ☐ Tx Refused ☐ No Tx ☐ In Remission	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Respiratory ■ Reviewed and not applicable

☐ Asbestosis ☐ Black Lung ☐ Pulmonary Fibrosis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Severe Persistent Asthma ☐ COPD ☐ Emphysema ☐ Bronchiectasis ☐ Bronchitis, Chronic	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Tuberculosis	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ O2 Dependence, Chronic ☐ w/Respiratory Failure ☐ w/o Respiratory Failure	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Dependent on Respirator [ventilator] ☐ Tracheostomy Present	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Smokers Cough ☐ Current Tobacco Use ☐ H/O Smoking	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist
☐ Other Respiratory Condition:	☐ Rx ☐ Monitor ☐ Counsel ☐ Refer to Specialist

Health Outcomes - Health Professional to Address and Provide Counseling ■ Per Patient Report ■ Per Caregiver

H/O Falls: ☐ Yes ☐ No Afraid of falls: ☐ Yes ☐ No Assistive Device Dependence: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Independent with ADLs	
Fall Risk: ☐ High ☐ Med ☐ Low ☐ Counseled how to prevent falls or improve balance: ☐ Yes ☐ No	
Advance Directive: ☐ Yes ☐ No ☐ Counseled	Pain: (0–10): ☐ Changes in Pain: ☐ Yes ☐ No

Depression Screening: PHQ - 2 In the last 2 weeks, how often have you been bothered by any of the following problems:

1: Little interest or pleasure in doing things: ☐ Not at All ☐ Several days ☐ More than half the days ☐ Nearly every day
2: Feeling down, depressed or hopeless: ☐ Not at All ☐ Several days ☐ More than half the days ☐ Nearly every day

Blue Advantage Care Coordination/Management Referral

Indicate referral reason below	Member Phone #: (If changed < 2 years)
☐ Rx Assistance ☐ PharmD review for formulary alternatives ☐ Patient Education ☐ CAD ☐ CHF ☐ COPD ☐ Diabetes ☐ MI ☐ Other: _____	Social Concerns: ☐ Transportation ☐ Food Insecurity ☐ Housing Insecurity ☐ Isolation ☐ Other: _____

Substance Abuse – Supplemental

☐ Alcohol	☐ Use	☐ w/ Delirium, Dementia, Psychotic Disorder ☐ w/ Withdrawal, Mood/Sleep/Sex Disorder
	☐ Dependence	☐ Uncomplicated ☐ w/ Delirium, Dementia, Psychotic Disorder ☐ w/ Withdrawal, Mood/Sleep/Sex Disorder
	☐ Abuse	☐ Uncomplicated ☐ w/ Delirium, Dementia, Psychotic Disorder ☐ w/ Withdrawal, Mood/Sleep/Sex Disorder
☐ Opioid	☐ Use	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder
	☐ Dependence	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder
	☐ Abuse	☐ Uncomplicated ☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder
☐ Cannabis	☐ Use	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Withdrawal, Anxiety Disorder
	☐ Dependence	☐ Uncomplicated, In Remission ☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Withdrawal, Anxiety Disorder
	☐ Abuse	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Withdrawal, Anxiety Disorder
☐ Cocaine	☐ Use	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder
	☐ Dependence	☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder
	☐ Abuse	☐ Uncomplicated ☐ w/ Delusions, Hallucinations, Psychotic Disorder ☐ w/ Intoxication, Withdrawal, Mood/Sleep/Sex Disorder

Patient Name:	DOB:	DOS:

I have reviewed and recommended the age and gender specific screenings and care plans with my patient. All diagnoses assessed herein affect the care, treatment, or management of my patient.		
Examiner's Name (Print):	NPI#	
Examiner's Signature:	Credential ☐ MD ☐ DO ☐ NP ☐ PA	Date:

Completed HR360 forms must be signed and dated by the examining practitioner to be considered valid.

Patrius Health