

Health Risk Assessment (HRA) ACTION/REFERRALS

HRA Q#	Topic	Action/Information/Referrals	Resources
1	Aerobic exercise	Recommended at least 5 days a week; if less, then provide information on suitable types of aerobic exercise (i.e., walking, cycling), and list of senior community centers for exercise classes	Office on Aging 1-800-510-2020 for exercise classes; list of Senior Centers (Section 5)
2	Resistance exercise	Recommended twice a week; if less, then provide information on strengthening/resistance exercises	Strong and Stable Brochure or Workout To Go (Section 6) for description of resistance exercises
3-5x	Diet	Recommended servings should be consumed daily; if less, then provide information on diet/nutrition; consider referral to dietician if needed	Healthy Eating After 50 Age Page (Section 6)
6	Fast Food	No recommendation on frequency, but if excessive, provide information on diet or referral to meal service	See #7
7	Food Insecurity	Determine if it's a lack of money or lack of assistance; can refer to Meals on Wheels or other home-delivered meal programs, food banks, congregate meals at Senior Centers or In-Home Supportive Services (IHSS; if qualified)	Food resources (pantries, home-delivered, congregate meals) http://www.211oc.org/food.html IHSS 714-825-3000
8	Alcohol	Recommended 1 or less per day; if more, document amount in chart, provide information on alcohol reduction, and screen for alcohol use disorder TAPS Tool (Section 3)	Alcohol Use in Older Adults Age Page; Alcohol/drug abuse clinics: OC LINKS 855-625-4657; AA http://www.oc-aa.org/ 714-556-4555
9	Sleep	Recommended 7 hours or more per day; if less, provide information on sleep hygiene	Sleep Brochures (Section 6)
10	Tobacco	Recommend to avoid use and exposure; if smoking, provide referral to smoking cessation	Smoking cessation hotline: 1-866-NEW-LUNG (1-866-639-5864); flyer in Section 5
11	Socialization	No recommendations on frequency	See # 26 on back page
12	Pain	If significant, consider referral to pain management specialist/center	Pain Age Page (Section 6)
13	Dental	If yes, then refer to dentist. If uninsured, refer to Adult Emergency Dental Clinic at OC Health Care Agency; extractions only (no fillings, no root canals, etc.), by appointment only.	Adult Emergency Dental, 1725 W. 17 th Street; call 1-800-914-4887 for information
14	Financial Insecurity	If no, can refer to programs that may assist with specific financial needs (housing, utility, medical bills, food programs)	Office on Aging 1-800-510-2020 or Social Service Agency (SSA) 714-541-4895
15	Medication questions	If medication adherence poor, ask further questions to determine reasons. For OTC meds, review what is being taken and add to medication list (if not already listed).	Safe Use of Medicines or Dietary Supplements Age Page (Section 6)
16	Driving	If no, provide information on transportation resources. If unsafe driving suspected, refer for driver evaluation at St. Jude's, report to DMV (report form in Section 8) if loss of consciousness or disorder which affects driving.	Transportation resources: Office on Aging 1-800-510-2020, or call 2-1-1. Driver evaluation: St. Jude's Center for Rehab and Wellness, 714-578-8720

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17	Sexual activity	If more than one partner, ask about sexual practices and condom use; counsel as appropriate to reduce risk and screen for STIs if at high risk	
18	Hearing /vision	If hearing impaired, refer to audiology; if visually impaired or if in need of exam, refer to optometry for evaluation, Braille Institute for support	Hearing impaired: Providence Speech and Hearing Center www.pshc.org 714-639-4991; Visually impaired: Braille Institute https://brailleinstitute.org/orange-county 1-800- Braille (272-4553)
19	Balance/falls	If yes to balance problems, provide information on fall prevention; if yes to falls, consider PT evaluation or fall prevention program. Also, administer screening tests during visit to more fully assess risk (see section 4).	Balance Basics Brochure (Section 6); Fall Prevention Center of Excellence www.stopfalls.org
20	Memory	Administer Mini-Cog (Section 3); if score of concern, refer for or perform further evaluation of dementia, such as SLUMS (section 3); Alzheimer's OC offers education and resources for caregivers	Forgetfulness Age Page (Section 6), Alzheimer's Orange County Helpline 844-373-4400 http://www.alzoc.org
21x	Incontinence	If yes, review causes of incontinence, refer as needed.	
23	Financial abuse	If yes, ask more questions; if suspicion is low, provide information on prevention of financial abuse; if suspicion high, report to authorities: Adult Protective Services (APS) if living in the community, or Long Term Care Ombudsman if living in a facility	In Section 7: Abuse Report Form Report (APS Registry 800-451-5155 or Ombudsman 800-300-6222 for questions); flyers on prevention of abuse
22, 24	ADLs/iADLs	If yes to any/all, review resources patient has, and refer for Long Term Services and Supports (LTSS, MediCal only) or personal assistance if needed	Office on Aging 1-800-510-2020 for information on LTSS
25	Caregiver	If no, refer to Caregiver Resource Center	Caregiver Resource Center 800-543- 8312 http://www.caregiveroc.org/ (flyer Section 5)
26	Socialization	If socialization needed/desired, refer to Senior Centers, Friendly Visitor Program or Community Based Adult Services (CBAS) Centers	Call Office on Aging 1-800-510-2020, or see list of Senior Centers, CBAS Centers or Friendly Visitor Program (Section 5)
28	Abuse	If yes and suspicion high for abuse, ask more questions and report	See # 23 above
29x	Advance Directive	If yes, ask who has a copy of it and document in chart; if no, provide information about it and/or form to fill out	Advance Directive fillable form and registration (Section 8)
33-35	Depression/ anxiety	If score on PHQ-2 (Q# 34-35) is ≥ 3 , administer PHQ-9 or GDS (Section 4) and refer/offer treatment if indicated	Private referral or OC LINKS (behavioral health services) 855-625-4657 (Section 5)

All websites above accessed October 2021.