



**Kaiser Permanente Providers:** Please reference the smart set called "Fire Police Physical" in KP HealthConnect to perform and code this exam correctly.

# Healthy You, Healthy Life

Denver Fire Health Screenings

[kp.org](http://kp.org)

 KAISER PERMANENTE®

## INFORMATION TO HELP YOU LIVE WELL AND THRIVE

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Kaiser Permanente Colorado, in collaboration with **Denver Fire**, has partnered to provide the following screening tests for **fire suppression personnel** based on the additional health risks these individuals may have as well as requirements specified by the National Fire Protection Agency. These screenings are not considered an occupational physical and no information from this examination will be shared with the member's employer without appropriate written consent. Coverage is limited to specific groups.

### PREPARE FOR YOUR HEALTH CHECKUP

Please complete the enclosed questionnaires and bring with you to your appointment. If you have questions about any of the questions, please speak to your doctor at your appointment.

### PHYSICIAN SELECTION

If you need to choose a physician we can help. Call the Personal Physician Selection Services team at **303-338-4477** (TTY: **303-338-4448**), weekdays, 7 a.m. – 5:30 p.m. This team will help you choose a doctor based on your health care needed.

### APPOINTMENTS

To book an appointment for screenings, please identify yourself as a firefighter or police officer and call our Appointment and Advice line at **303-338-4545** (TTY for the deaf, hard, of hearing, or speech impaired: **303-338-4428**), weekdays, 7 a.m. – 6 p.m. You may call the same number for medical advice any time or day.

### BENEFITS

For questions about your benefits, please contact Member Services at **303-338-3800** (TTY: **303-338-3820**), weekdays, 8 a.m. – 5 p.m.

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## FIRE HEALTH SCREENINGS:

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At Kaiser Permanente, we provide preventive care services to help you stay well. The following screening guidelines recommended for fire personnel can help you and your family plan your care.

- ✓ Yearly health maintenance examination with a primary care provider.
- ✓ Yearly fasting cholesterol profile, fasting blood sugar, complete blood count (cbc), urinalysis (UA), liver test (alt), and kidney function test (cr).
- ✓ Heavy metal screening if member has concern about possible exposure or symptoms suggestive of certain common heavy metal exposure (neuropathy).
- ✓ HIV, Hepatitis C screening (If member requests or as indicated by current CDC guidelines).
- ✓ Appropriate Immunizations as recommended by primary care physician.
- ✓ Framingham risk assessment.
- ✓ 1 Baseline ECG - if member has hypertension or diabetes this may occur more often and then as clinically appropriate based on symptoms.
- ✓ Stress test with or without imaging shall be performed when clinically indicated by history or symptoms or once every five years in members with a moderate to high risk Framingham risk score.
- ✓ Standard Kaiser Permanente cancer screening protocols for colon, prostate (PSA testing based on informed decision making), cervical, and breast cancer.
- ✓ Recommend that members complete PHQ-9, CAGE-AID, and Epworth -sleep screen (for shift workers) prior to visit and review results with primary care physician.

**NOTE: The services below may create a copayment or cost sharing fee:**

- ✓ Audiology testing is available yearly and does not need a referral.
- ✓ Formal eye examination is available if under covered benefit and does not need a referral.
- ✓ Referral to behavioral health, chemical dependency, or sleep apnea screening if clinically indicated.
- ✓ Any other tests or screening based on recommendations of the primary care physician.

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## HEALTH SCREENING DEFINITIONS

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### CBC

A complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia.

A CBC test measures several components and features of your blood, including:

- Red blood cells, which carry oxygen
- White blood cells, which fight infection
- Hemoglobin, the oxygen-carrying protein in red blood cells
- Hematocrit, the proportion of red blood cells to the fluid component, or plasma, in your blood
- Platelets, which help with blood clotting

Abnormal increases or decreases in cell counts as revealed in a complete blood count may indicate that you have an underlying medical condition that calls for further evaluation.

### CREATININE (CR)

A creatinine test shows how well your kidneys are working and measures the level of waste product creatinine in your blood and urine.

If your kidneys aren't working well, an increased level of creatinine may accumulate in your blood. The creatinine test can give your doctor an estimate of how well your kidneys filter toxins from the body.

### FRAMINGHAM RISK

Most doctors use the Framingham risk or Framingham risk score to learn about a person's risk for heart disease. The score is based off your age, gender, total cholesterol and HDL (good) cholesterol, smoking and Blood pressure.

The results give a low, moderate, or high risk of having a heart attack within 10 years. If you have a high Framingham risk score, then there is a 20% chance that you may have a heart attack or near heart attack within next ten years. Your risk can be lowered by getting better control of blood pressure, cholesterol, quitting smoking, or starting certain medications if needed.

### ALT (ONE TYPE OF LIVER FUNCTION TEST)

Liver function tests are blood tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in your blood.

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The ALT test measures an enzyme that liver cells release in response to damage or disease. Some of the most common conditions that elevate the ALT level are fatty liver (related to obesity and high cholesterol), alcohol, and hepatitis (A, B, and C).

### **URINALYSIS (UA)**

Urinalysis (urine test) is a test that evaluates a sample of your urine. This test can detect and assess a wide range of disorders, including urinary tract infection, kidney disease, bladder/kidney cancer, and diabetes.

Abnormal results of a urinalysis often require additional testing and further evaluation to uncover the source of the problem.

### **ELECTROCARDIOGRAM (EKG OR ECG)**

An electrocardiogram (ECG) is used to monitor your heart. Each beat of your heart is triggered by an electrical signal normally generated from special cells in the upper right chamber of your heart. An ECG records these electrical signals as they travel through your heart. Your doctor can use an ECG to look for patterns among these heartbeats and rhythms to diagnose various heart conditions.

An ECG is a painless test. Most people get the results the same day and your doctor will discuss them with you at your appointment.

**Note:** A normal ECG does not necessarily mean a person does not have a heart problem including blocked heart arteries. It is used in combination with other information gathered in the health screening examination to determine risk and is not needed to be completed on every person or yearly. The American Heart Association and The American College of Cardiology has guidelines that we follow to determine who would most benefit from an electrocardiogram or other heart tests.

### **PHQ-9 QUESTIONNAIRE**

The PHQ-9 tool can help you and your doctor assess your symptoms to find out if you might have depression. Based on your answers, the tool suggests where you might be on a scale from depressed to not depressed.

### **CAGE-AID QUESTIONNAIRE**

The CAGE-AID is a commonly used tool to screen for drug and alcohol use. This questionnaire will help your doctor determine if an alcohol assessment is needed.

### **EPWORTH SLEEPINESS SCALE**

This screening questionnaire determines if you have problems with staying awake during the day. This may be caused by poor sleep at night, related to sleep apnea or insomnia.

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## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Please complete the following questionnaire and bring it with you to your appointment.

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Kaiser Permanente Member/Health Record number \_\_\_\_\_

**Over the last two weeks, how often have you been bothered by any of the following problems?**

(Circle the number corresponding to your answer)

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people.	NOT DIFFICULT AT ALL			_____
	SOMEWHAT DIFFICULT			_____
	VERY DIFFICULT			_____
	EXTREMELY DIFFICULT			_____

(for staff use) TOTAL: \_\_\_\_\_

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## CAGE QUESTIONNAIRE

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Please complete the following questionnaire and bring it with you to your appointment.

When thinking about drug use, including Illegal drug and alcohol use and the use of prescription drug use other than prescribed:

Questions:	YES	NO
1. Have you ever felt that you should cut down on your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye opener)?	<input type="checkbox"/>	<input type="checkbox"/>

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## EPWORTH SLEEPINESS SCALE

Please complete the following questionnaire and bring it with you to your appointment.

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

Circle your answer where: 0 = Would never doze off, 1 = Slight change of dozing, 2 = Moderate chance of dozing, 3 = High chance of dozing

SITUATION	CHANCE OF DOZING			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (i.e. theatre)	0	1	2	3
As a car passenger for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly, after lunch without alcohol	0	1	2	3
In a car, while stopping for a few minutes in traffic	0	1	2	3

Total score \_\_\_\_\_

Score of 10 or more indicates a positive test

Source; Sleep 1991;14(6): 540-545

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