



**ADDITIONAL REVIEWS TO COMPREHENSIVE PHYSICAL ASSESSMENT**

Name of Youth \_\_\_\_\_ DJJID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Since the Comprehensive Physical Assessment was originally completed, the following changes have occurred:

**1. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

**2. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To: 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

**3. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

**4. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To: 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

**5. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

**6. Date CPA Reviewed:** \_\_\_\_\_

No Change in Medical Classification

Yes, Changed To: 1  2  3  4  5

Reason for Change: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician  ARNP  PA

*This form does not replace an outdated Comprehensive Physical Assessment. Comprehensive Physical Assessments, which are not current, must be performed in their entirety.*