

REFUGEE HEALTH ASSESSMENT

MEDICAL HISTORY & OVERSEAS MEDICAL RECORD INFORMATION

(May be documented on approved DOH forms (e.g., progress notes, adult screening form, or school physical))

Review of Overseas Medical Records: Yes No N/A (no records available)

Class A or B Condition reported on overseas medical exam: Yes No N/A If yes, please list and evaluate. _____

Review Immunization Certification/Documents: Yes No N/A (no records available)

Allergies: _____ **Current Medications:** _____

Medical Problems: _____

Injuries/Accidents: _____ **Surgery:** _____

Recent Family Illness: _____

PHYSICAL ASSESSMENT

Temperature: _____ **Height:** _____ **Weight:** _____ **BMI:** _____

Head Circumference (if < 5 yrs. (in.): _____ **Blood Pressure** (if ≥ 3 yrs): L N H _____

Nutritional Status: Abnormal Normal

Oral Health Screening: Abnormal Normal Caries Tooth Loss Signs of Inflammation
 Other: _____

Visual Acuity (Snellen Chart or equiv.): Abnormal Normal **Right Eye:** _____ **Left Eye:** _____

Hearing (Whisper test or snap test): Abnormal Normal

Audiometry Testing: Abnormal Normal N/A

Eyes/Ears/Nose/Throat: Abnormal Normal – Findings: _____

Chest/Lungs/Heart: Abnormal Normal – Findings: _____

Abdomen Palpation: Abnormal Normal – Findings: _____

Postural Assessment: Abnormal Normal – Findings: _____

Pap Smear: Abnormal Normal N/A – Findings: _____

General Education/Counseling: Healthy Lifestyle Emergency Services Immunizations
 Safe Sex Tobacco Cessation Other: _____

Domestic & Sexual Violence/Human Trafficking: Referral necessary No referral necessary

Adults: Establish total privacy; client must be alone, or if a child is present, the child must not be of verbal age. Ask three questions:

Client name

ID#

Date

- Have you been physically hurt (hit, pushed, shoved, burned, slapped, and/o bitten), insulted, or threatened (to take away income, children, and/or pets) by your loved one, partner or significant other?
- Have you ever been touched sexually against your will or without your consent?
- Is anyone forcing you to do work that you do not want to do (i.e. have you been threatened and/or can you come and go as you please)?

- at home?

Children: Establish total privacy. Do not ask the questions below if unable to.

- Do you feel safe in your home and at school?
- Has anyone in your family or a school ever hit, kicked, punched, slapped, shoved or bit you?
- Have you ever been touched sexually against your will or without your consent?

Mental Health (≥ 14 years old): Referral necessary No referral necessary

Use RHS-15 Screener (preferred) or abbreviated assessment below:

Abbreviated Mental Health Assessment:

- How are you coping with the changes since arriving in the U.S.?
- Are you being helped by a sponsor, family member(s), or friends?
- Is there anything that is causing stress or worry for you or your family?
- Are you having any difficulties sleeping?
- Are you having difficulties with memory/concentration?
- Do you have any past mental health problems and/or treatment?
- How would you say you are feeling today?

LAB SERVICES

Urinalysis: Abnormal Normal – Findings: _____

Pregnancy Test: Positive Negative LMP _____
 Currently Pregnant? Yes No
 Currently Breast Feeding? Yes No

CBC w/differential: Abnormal Normal – Findings: _____

CMP: Abnormal Normal – Findings: _____

Lead Testing (6 mos – 16 yrs): Abnormal Normal

Assay of Iron (6 mos – 6 yrs): Abnormal Normal

Cholesterol (≥ 18 years old): Low Normal High – Findings: _____

HDL (≥ 18 years old): Low Normal High – Findings: _____

Tuberculin Skin Test (TST): Placed: _____ Read: _____ Results: _____ Abnormal Normal

IGRA – QFT TB Gold Test or T-Spot (≥ 5 years old): Abnormal Indeterminate Normal

Chlamydia/Gonorrhea: Positive Negative – Findings: _____

HIV Counseling and Testing: Positive Indeterminate Negative

Syphilis RPR (screening): Abnormal Normal

Ova & Parasites (x2): Abnormal Normal

Client name

ID#

Date

If abnormal, please specify organism detected. _____

- Hepatitis A antibody (HAAb):** Positive Negative
Hepatitis B core antibody (HBcAb): Positive Negative
Hepatitis B surface antibody (HBsAb): Positive Negative
Hepatitis B surface antigen (HBsAg): Positive Negative
Hepatitis C antibody: Positive Negative

EXTENDED SERVICES (CLINICALLY INDICATED/BASED ON RISK FACTORS)

Chest X-Ray (PA & Lateral) Abnormal Normal

Syphilis (confirmatory): Positive Indeterminate Negative

Rubella Antibody: Positive Negative

Rubeola Antibody: Positive Negative

Mumps Antibody: Positive Negative

Multivitamins: Yes No

Nurse Visit Yes No (*Must be a different date of service than physical assessment*)

Referrals: TB Vision Mental Health Hearing
 OB/GYN Dental Communicable Diseases Family Planning
 Primary Care Disability Services Pediatrics
 Other (specify) _____

Interpreter Services: Was an interpreter used in the provision of services? Yes No

If yes, what language? (specify) _____

What mode of interpretation? Face-to-face/____ Telephonic

If face-to-face interpretation, who provided the service? LHD bilingual employee
 Contracted interpreter
 Resettlement Agency representative
 Other (specify) _____

Assessment completed by: (Name and Title)

Date

Client name

ID#

Date