2010 Farmworker Outreach Health Assessment — Pediatric (0 to 11)

Name _____
Age _____ **Date of Birth** _____/_____/_____ **Patient ID**_____
Parent/Guardian _____
DOB: Actual? ____ Estimate? ____ **Sex** ☐M ☐F
Has family moved within the last 24 months? ☐ Yes ☐No
When did family last move to this residence? Date ____/____/____
Patient Type: ☐ Migrant ☐ (H2A) ☐ Seasonal ☐ Other
Ethnicity: Hispanic or Latino origin? ☐ Yes ☐ No
Race: ☐Black/African American ☐ White ☐ American Indian ☐Asian ☐ Unknown ☐ Other_____
Primary language spoken (other than English or Spanish): _____
Need Interpreter? ☐ Yes ☐ No
Insurance ☐ None/Uninsured ☐ Medicaid ☐ Medicare
Type: ☐ Health Choice ☐ Private
Family Size: _____ **Income** (annual): _____

Date _____/_____/2010 **OR Worker** _____
Site No. _____ **Tel. No.** _____
Employer _____
Employer ID_____ **Service Location** _____
Patient Local Address _____
_____ **zip**_____
FW Permanent Address or Emergency Contact #:
_____
_____

If 0-5, enrolled in WIC? ❒ Yes ❒ No
If 5-12, enrolled in school? ❒ Yes ❒ No
Enrolled in Migrant Head Start? ❒ Yes ❒ No
❒ **Head Start unavailable**

Health Screening

1. ¿Tiene su niño(a) algún problema de salud? *Does your child have any health problems?* ❒ Yes ❒ No
Por ejemplo/ *For example* (circle or list)*: Anemia, asma (asthma), diabetes, HIV, tuberculosis o soplo (heart murmurs)?*
Other: _____

2. ¿Está su niño(a) tomando (o debería estar tomando) medicinas, vitaminas, hierbas o tratamientos naturales? ❒ Yes ❒ No
Is your child taking (or supposed to be taking) any medications, vitamins, or herbs? **Medicinas**/*Medicines:* _____

3. ¿En los ultimos 6 meses, ha recibido su niño(a) un tratamiento de fluoruro dental (en los dientes)? ❒ Yes ❒ No
In the last 6 months has your child received a dental varnish treatment?
➡ If yes, date: ____/____/____ If no, provide ❒ or refer for dental varnish ❒

4. *To assess need for vaccinations & doctor visit, first determine age of child and ask the appropriate question below:*
¿Ha tenido su niño(a) una visita con su doctor incluyendo un exámen físico y/o vacunas...
Has your child had a doctor's visit including complete physical and/or vaccines…
If younger than 12 months old: **En los últimos 3 meses?** *In the last 3 months?* ❒ Yes ❒ No
If between 12-24 months old: **En los últimos 6 meses?** *In the last 6 months?* ❒ Yes ❒ No
If 2 yrs old or more: **¿En el último año?** *In the past year?* ❒ Yes ❒ No
➡ If no to any above, referral made? ❒

5. ¿Es su niño(a) alérgico (a) a alguna medicina, comida o algún animal? ❒ Yes ❒ No
Is your child allergic to any medicines, food or animals?
List*:* _____

6. ¿Usa su niño(a) un asiento de seguridad *(If younger than 8 yrs)* **o cinturón de seguridad?** ❒ Yes ❒ No
Does your child use a carseat (if younger than 8 yrs) or a seatbelt?
➡ If not, health ed provided? ❒ Car seat provided ❒

7. ¿En este último año, ha tenido su niño(a) contacto directo con pesticidas ya sea en el hogar o en el trabajo de usted? (ie. rociado, brisa, residuo mojado/visible, entrada a un campo con el letrero del periodo restringido) *During this year has your child had direct contact with pesticides at home or at your work (ie. spray, drift, wet/visible residue, in a field with restricted entry sign?)* ❒ Yes ❒ No
➡ If yes, **cuando occurió?** *When did it occur?* ___/___/___ ➡ If yes, refer to protocol? ❒ Pest ed done? ❒

8. ¿Tiene alguna preocupación en este momento con el desarrollo o crecimiento de su niño(a)? ❒ Yes ❒ No
Do you have any concerns currently about the development or behavior of your child ?
List*:* _____

Health Education

9. Quisiera darle información sobre algunos temas de salud. *I would like to give you information about some health topics:*
(In addition to PRIORITY TOPICS:) **¿Hay alguna otra información de salud que desee?** *What other health information do you want?*

PRIORITY TOPICS:	Health ed provided?
a. Clinic service	❒Yes ❒No ❒ declined
b. Dental	❒Yes ❒No ❒ declined
c. Pesticides	❒Yes ❒No ❒ declined
d. Nutrition	❒Yes ❒No ❒ declined

❒ 911 _____
❒ Anemia _____
❒ Child Care/Parenting _____
❒ Child Development _____

❒ Car Seat _____
❒ Diabetes _____
❒ Immunizations _____
❒ Injury Prevention _____
❒ Insect/Snake Bite _____
❒ Living Cond./Sanitation _____
❒ Medication Use _____
❒ Passive Smoke _____
❒ Personal Hygiene _____
❒ Poisonous Plants _____
❒ Respiratory/Asthma _____

❒ Safe Toys _____
❒ Seat Belt _____
❒ Sun Exposure _____
❒ Water Safety _____
❒ Vision/Eye Care _____
❒ Vitamins _____
❒ _____ _____
❒ _____ _____

Summary: What does this client need help with? ❒ Health Ed ❒ Med/Dent Appt ❒ Resources ❒ Transportation ❒ Medicaid/HealthChoice ❒ Interpretation ❒ School ❒ WIC

Notes:

Notice of Privacy Practices (If applicable - please have patient or guardian initial one)

_____ I acknowledge that I am aware of the Notice of Privacy Practices.

_____ Se me han explicado los procedimientos de privacidad.