

Privacy	2019 Farmworker Outreach Health Assessment - Adol (12-17)		ORW:	Date:
	<p>My signature indicates that I understand that my privacy will be protected within this farmworker health network except in the following circumstances: if harm is suspected of a minor, elderly, or disabled person.</p> <p>Signature: _____</p>			
Demographics	<p>Name (first, last): _____ Birth date: _____ <input type="checkbox"/> Est.</p> <p>Preferred language: Span/ Engl/ Other: _____ Do you need an interpreter? Yes/ No</p> <p>Worker typer: Migrant Unaccompanied minor? Yes/ No How do you consider yourself? Man/ Woman/ Transgender man/ Transgender woman/ Other/ Decline to answer</p> <p>(<input type="checkbox"/> H2A?)/ Seasonal/ Other</p> <p>What sex were you assigned at birth? Male/ Female Housing: Own/ Rent/ Grower-provided/ Homeless</p> <p>Address: _____ City: _____</p> <p>State: _____ Zip code: _____ County: _____</p> <p>Health insurance: None / Medicaid / Medicare / Health Choice / Private Family income (\$ amount): _____</p> <p>Amount is per: week / 2 weeks/ month / year # months worked _____ # familyl members: _____</p> <p>Hispanic or Latino? Yes/ No/ Decline Race: White/ Black/ American Indian/ Asian/ Decline</p> <p>How do you consider yourself? Heterosexual (not gay nor lesbian)/ Lesbian, gay, or homosexual/ Bisexual/</p>			
	Vitals	<p>Blood pressure: _____ Health ed: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up</p> <p><i>If >120/80, offer health ed. If >140/90, offer referral.</i> Referral: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up <input type="checkbox"/> Declined</p>		
General health	<p>Is there something that worries you about your health? No/ Yes: _____</p> <p><i>(If yes) How can I help you with this problem?</i> _____</p> <p>Have you ever been diagnosed with a medical condition? No/ Yes: _____</p> <p>Are you taking (or should you be taking) medicines? No/ Yes</p> <p>Have you had a physical exam in the last two years in which you received vaccines? <i>If no, provide referral to primary care or health department.</i> No/ Yes</p> <p>Health ed on _____</p> <p>Referral: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up <input type="checkbox"/> Declined <input type="checkbox"/> Provided</p> <p><i>Diabetes, pregnancy, HTN, HIV, TB or abnormal cancer screen, consider MCN</i></p>			
	Occupational	<p>Do you work in the fields? No/ Yes</p> <p><i>(If yes) Would you like more information on how to protect yourself at work? (such as pesticides, heat stress, or something else) No/ Yes:</i> _____</p> <p><i>(If yes) Do you worry about conditions at work? (like unfair pay, pesticides exposure, or other illegal practices) No/ Yes:</i> _____</p> <p>Health ed on _____</p> <p>Referral: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up <input type="checkbox"/> Declined <input type="checkbox"/> Provided <input type="checkbox"/> Follow up</p>		
BH		<p>In the last 2 weeks, have you often felt little interest or desire to do things? No/ Yes</p> <p>In the last 2 weeks, have you felt sad, depressed, or hopeless? No/ Yes</p> <p><i>If yes to either question, offer full depression screen (RHS-15)</i></p> <p><i>For positive RHS-15, offer referral</i> RHS-15 <input type="checkbox"/> Provided <input type="checkbox"/> Follow up</p> <p>Health ed: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up</p> <p>Referral: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up <input type="checkbox"/> Declined</p>		

CM	<p>Does someone where you work or live threaten you or make you feel in danger? No/ Yes</p> <p>Do you have any other worries or concerns? No/ Yes: _____</p> <p>Health ed on _____</p> <p>Referral: <input type="checkbox"/> Provided <input type="checkbox"/> Follow up <input type="checkbox"/> Declined <input type="checkbox"/> Provided <input type="checkbox"/> Follow up</p>												
Communication	<p>How can we communicate with you? <i>Ask patient to initial next to each below if OK.</i></p> <p>Cell number: _____ Teléfono fijo: _____</p> <p>_____ OK to leave a message. _____ OK to leave a message.</p> <p>_____ OK to leave a voicemail. _____ OK to leave a voicemail.</p> <p>_____ OK to send a text (SMS) even though complete privacy is not guaranteed.</p> <p>_____ OK to send a message through WhatsApp even though it may not be completely private.</p> <p>Email address: _____ How do you prefer that we communicate with you? <i>Mark</i></p> <p>_____ OK to send a message.</p>												
Addtl. Health Ed	<p>Would you like more information on the following topics? <i>Circle those desired and check off if provided.</i></p> <table border="0"> <tr> <td>Dental health</td> <td>Family planning</td> <td>Nutrition</td> <td>Drug or alcohol abuse</td> </tr> <tr> <td>Diabetes</td> <td>Hypertension</td> <td>STIs/ HIV</td> <td>Other(s) _____</td> </tr> <tr> <td>Emotional health</td> <td>Green Tobacco Sickness</td> <td>Smoking</td> <td></td> </tr> </table>	Dental health	Family planning	Nutrition	Drug or alcohol abuse	Diabetes	Hypertension	STIs/ HIV	Other(s) _____	Emotional health	Green Tobacco Sickness	Smoking	
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