2016 Farmworker Outreach Health Assessment — Adult (18 and up)

Name _____
Age _____ **Date of Birth** _____/_____/_____ **DOB is:** Actual Estimate
Patient ID _____ **Sex** ☐ M ☐ F
Have you moved within the last 24 months? ☐ Yes ☐ No
When did you last move to this residence? Date _____/_____/_____
Housing: ☐ Rent (or grower provided) ☐ Own ☐ Other
Patient Type: ☐ Migrant (☐ H2A?) ☐ Seasonal ☐ Other
Ethnicity: Hispanic or Latino origin? ☐ Yes ☐ No
Race: ☐ White ☐ Black/Afr. American ☐ American Indian
☐ Asian ☐ Unknown ☐ Other_____
Primary Language Spoken: _____
Need English Interpreter? ☐ Yes ☐ No
Insurance Type: ☐ None/Uninsured ☐ Medicaid ☐ Medicare
☐ Health Choice ☐ Private
☐ Potentially eligible? ☐ Referral ☐ Health Ed?
U.S. Veteran? ☐ Yes ☐ No
Family Size: _____ **Income** (annual): _____

Date _____/_____/ 2016 **OR Worker**_____
Site No. _____ **Site Tel. No.** _____
FW Cell Phone # _____
FW Local Address _____
_____ **Zip** _____
Employer _____
Employer ID_____ **Service Location** _____
FW Permanent Address or Emergency Contact #:
_____
_____
_____
Have 24 hour emergency options been explained? ☐ Yes ☐ No

BP _____/_____ **if ≥ 120/80 provide** ☐ Health ed **if ≥ 140/90** provide ☐ Health ed ☐ Referral
Weight _____ **Height** _____ **BMI** _____ If BMI > 26: ☐ Nutrition ed done ☐ Exercise ed done

1. ¿Tiene alguna alergia a medicinas, comida o a ciertos animales? *Do you have any allergies to food, medicines, or animals?*
_____ ☐ **Yes** ☐ **No**

2. ¿Usted ha sido diagnosticado con alguna condición médica? *Have you been diagnosed with any medical conditions?* ☐ **Yes** ☐ **No**
_____

3. ¿Tiene algún problema o preocupación sobre su salud? *Do you have any health problems or concerns?* ☐ **Yes** ☐ **No**
_____
If yes, **¿Usted quiere ayuda o más información sobre este problema?** ☐ **Yes** ☐ **No**
Do you want assistance or more information for this health problem?

4. ¿Está tomando (o debería estar tomando) medicinas, vitaminas, hierbas, o tratamientos naturales? ☐ **Yes** ☐ **No**
Are you taking (or should you be taking) any medicines, vitamins, herbs, or natural treatments?
If yes, list:

5. ¿Ha recibido las siguientes vacunas? *Have you had the following vaccines?* Not up to date? Referral offered? ☐
a) Triple viral (contra sarampión, paperas y rubéola) (MMR) *(Need 1 in lifetime; began 1998 in Mexico)* ☐ **Yes** ☐ **No**
b) Tétano *(Td if not given in past 10 yrs or Tdap; Need 1 Tdap in lifetime)* ☐ **Yes** ☐ **No**

6. ¿Usted usa un cepillo de dientes e hilo dental todos los días? *Do you brush and floss your teeth daily?* ☐ **Yes** ☐ **No**
If no, health ed done? ☐

7. ¿Como se protege de los pesticidas? *How do you protect yourself from pesticides?* Health ed done? ☐

8. ¿En esta temporada agrícola, ha estado expuesto a pesticidas ya sea en el hogar o en el trabajo? ☐ **Yes** ☐ **No**
During this agricultural year have you been exposed to pesticides at home or work?
If yes, **¿Tuvo síntomas por haber estado expuesto?** ☐ **Yes** ☐ **No** If yes, refer to Acute Illness Response (AIR) protocol ☐

9. ¿Usted fuma o usa productos de tabaco? *Do you smoke or use tobacco products?*
Yes : Every day ☐ Sometimes ☐ If yes, cessation health ed done? ☐
No : Former smoker ☐ Never smoked ☐ NC Quitline 1-800-784-8669 given? ☐

10. ¿Usted toma bebidas alcohólicas, incluyendo cervezas? *Do you drink alcoholic beverages, including beer?* ☐ **Yes** ☐ **No**
If yes: **¿Hace cuánto tiempo que usted ingirió más de 5 bebidas alcohólicas al día (4 para mujeres), incluyendo cervezas?**
How long has it been since you had more than (4 for women/5 for men) drinks in one day, including beer?

11. ¿Cúales son las consequencias de tomar alcohol y manejar? If 1 or more times in last 3 months, health ed done? ☐
What are the consequences of drinking and driving? Health ed done? ☐

12. ¿Quiere hacerse el exámen de VIH o de otras enfermedades transmitidas sexualmente? ☐ **Yes** ☐ **No**
Are you interested in being tested for HIV or other sexually transmitted diseases? If yes, referral offered? ☐ Health ed done? ☐
(Reminder: enroll HIV positive migrant farmworkers in the Migrant Clinicians Network)

13. ¿Quiere anticonceptivos/condones? *Would you like contraception/condoms?* ☐ **Yes** ☐ **No**
(Reminder: Leave condoms at camps for everyone) If yes, condoms provided? ☐ Health ed done? ☐ Referral offered? ☐

14. ¿Quiere más información sobre planificación familiar? *Would you like information on family planning methods?* ☐ **Yes** ☐ **No**
Referral offered? ☐ Health ed done? ☐

15. If over 50: **¿Le han hecho una prueba para cáncer del colon?** *Have you had recent screening for colon cancer?*
(Either colonoscopy in past 5 years or stool occult blood testing in past 1 year?) ☐ **Yes** ☐ **No**
If no or unknown, stool guaiac or IFOTB card given? ☐ If no, referral offered? ☐

16. a. Durante las últimas 2 semanas, ¿se ha sentido varias veces con poco interés o deseo de hacer cosas? ☐ **Yes** ☐ **No**
During the last 2 weeks have you often had little interest or pleasure in doing things?

b. Durante las últimas 2 semanas, ¿se ha sentido desanimado, deprimido o sin esperanzas? ☐ **Yes** ☐ **No**
During the last 2 weeks have you been feeling down, depressed or hopeless?

If yes to either depression screening question, full depression screen administered? ☐ Yes ☐ No
Referral offered? ☐ Yes ☐ No

Women only for questions #17 and #18:

17. ¿Piensa que es posible que esté usted embarazada? Do you think you may be pregnant? ☐ **Yes** ☐ **No**
If confirmed yes, and migrant, enroll in Migrant Clinicians Network. If yes, referral offered? ☐ declined referral ☐

18. ¿Cuándo fue su último exámen de papanicolau? *When was your last pap test? Date:* _____/_____/_____

☐ Never had pap exam ☐ N/A (65 or older)
☐ If done and clinic known, have patient sign medical records release ☐ If not done during the current year or previous 2 years, or if patient is uncertain about date or clinic, referral offered
☐ For women up to age 50, give bottle of folic acid and provide explanation

19. ¿Tiene alguna otra inquietud o preocupación? Do you have any problems or immediate needs? ☐ **Yes** ☐ **No**
If yes, please circle: Food Clothing Living Conditions Other _____

Health Education

PRIORITY TOPICS Health ed provided as appropriate?

	date:	
☐ Clinic services	_____	
☐ Pesticides	_____	
☐ Heat illness	_____	
☐ DWI	_____	
☐ STI/HIV*	_____	☐*
☐ Diabetes*	_____	☐*
☐ Pregnancy*	_____	☐*
☐ Tuberculosis treatment*	_____	☐*
☐ Abnormal cancer screening*	_____	☐*

Enrolled in MCN health network?
Phone: 1-800-825-8205 Fax: 1-512-327-6140

	date:
☐ Folic Acid	_____
☐ Green Tobacco Sickness	_____
☐ HTN/Pre-HTN	_____
☐ Immunization	_____
☐ Lead Exposure	_____
☐ Liv.Cond/Sanitation	_____
☐ Nutrition	_____
☐ Pre/Post HIV Counseling	_____
☐ Prenatal	_____
☐ Seatbelt	_____
☐ Smoking	_____
☐ Substance Abuse	_____
☐ Other: _____	_____
☐ Other: _____	_____
☐ Other: _____	_____
☐ Other: _____	_____

Additional health education topics:

	date:
☐ 911	_____
☐ Back Pain	_____
☐ Car Seat	_____
☐ Dental	_____
☐ Emotional Health	_____

Summary: **What else does this client need help with?** ☐ Health ed ☐ Med appt ☐ Dental appt ☐ Resources ☐ Transport ☐ Interpretation

Notes:_____

_____

_____

Esta información se mantendrá confidencial y solamente será utilizada para su cuidado y para mejorar nuestros servicios. Esta organización es parte de una red de organizaciones sirviendo y asistiendo a los trabajadores agrícolas en Carolina del Norte. Si usted busca cuidado o asistencia en una de nuestras organizaciones, ellos tendrán acceso a esta información para servirle y asistirle mejor.
This information will be kept confidential and will be used for your care and the improvement of our services. This organization is one of a network of organizations serving and assisting the agricultural workers in North Carolina. If you seek care or assistance at one of our organizations, they will have access to this information to serve you and assist you better.

Notice of Privacy Practices (If applicable - Please have patient initial)

_____ **Se me han explicado las normas de privacidad**. I acknowledge that I am aware of the Notice of Privacy Practices. 1/26/16