2016 Farmworker Outreach Health Assessment — Pediatric (0-11)

Name _____

Age _____ **Date of Birth** _____/_____/_____ **DOB is:** Actual Estimate

Patient ID _____ **Sex** ☐ M ☐ F

Has family moved within the last 24 months? ☐ Yes ☐ No

When did family 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?

Family Size: _____ **Income** (annual): _____

Date ____/____/ 2016 **OR Worker** _____

Site No. _____ **Site Tel. No.** _____

Parent/guardian: _____

Parent Cell Phone # _____

Patient Local Address _____

_____ **zip**_____

Employer _____

Employer ID_____ **Service Location** _____

FW Permanent Address or Emergency Contact #:

_____

_____

Have 24 hour emergency options been explained? ☐

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**

Weight_____ **Height** _____ **BMI** _____**%** If > 85th percentile: Nutrition ed done? ☐ Exercise ed done? ☐

1. **¿Tiene su niño(a) alguna alergia a medicinas, comida o a ciertos animales?** ❒ **Yes** ❒ **No**
   Does your child have any allergies to food, medicines, or animals?

   _____

2. **¿Su niño(a) ha sido diagnosticado con alguna condición médica?** ❒ **Yes** ❒ **No**
   Has your child been diagnosed with any medical conditions?

   _____

   Reminder: Enroll any confirmed diabetic, hypertensive, HIV positive, active TB, or positive cancer screened migrant patients in the Migrant Clinicians Network.

3. **¿Tiene su niño(a) algún problema de salud ahora?** ❒ **Yes** ❒ **No**
   Does your child currently have any health problems?

   _____

   If yes, **¿Usted quiere ayuda o más información sobre este problema?** ❒ **Yes** ❒ **No** Referral offered? ❒
   Do you want assistance or more information for this health problem?

4. **¿Está su niño(a) tomando (o debería estar tomando) medicinas, vitaminas, hierbas or tratamientos naturales?**
   Is your child taking (or should be taking) any medications, vitamins, herbs or natural treatments? ❒ **Yes** ❒ **No**

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5. **¿Ha tenido su niño(a) un examen físico, en el que le pusieron vacunas, en los últimos 3 meses si tiene menos de un año, en los últimos 6 meses si tiene de 1 a 2 años o en los últimos 12 meses si tiene más de 2 años?** ❒ **Yes** ❒ **No**
   Has your child had a complete physical, including vaccines, in the last 3 months if younger than 1 year, 6 months if 1-2 years, 12 months if older than 2 years? If no , referral offered? ❒ **Yes** ❒ **No**

6. **¿Para niños de 0 a 7 años, usted cepilla los dientes de su niño(a) y le pasa hilo dental todos los días?**
   For children 0-7 years, do you brush and floss your child's teeth daily? ❒ **Yes** ❒ **No** If no, health ed done? ❒
   ¿Para niños de 8 a 11 años, su niño(a) se cepilla los dientes y se pasa hilo dental todos los días?
   For children 8-11 years, does your child brush and floss their teeth daily? ❒ **Yes** ❒ **No** If no, health ed done? ❒

7. ***For children age 6 months-4 years:*** **¿En los últimos 6 meses, ha recibido su niño(a) un tratamiento de fluoruro dental?**
   In the last 6 months, has your child received a dental varnish treatment? ❒ **Yes** ❒ **No** ❒ **N/A (child > 4 yrs)**
   If yes, date: _____/_____/_____ If no, provided varnish? ❒ or referral offered? ❒

8. **¿Usa su niño(a) un asiento de seguridad (si es menor de 8 años) o un cinturón de seguridad cuando va en el carro?**
   Does your child use a carseat (if younger than 8 yrs) or a seatbelt? ❒ **Yes** ❒ **No**
   Health ed done? ❒ Referral offered for car seat? ❒ Car seat provided? ❒

   _____

Health Education

PRIORITY TOPICS as appropriate:

	date:		date:
❒ Clinic services	_____	❒ Nutrition	_____
❒ Dental	_____	❒ Car seat/ seat belt	_____
❒ Pesticides	_____	❒ Physical activity	_____

Additional health education topics:

	date:		date:
❒ 911	_____	❒ Personal Hygiene	_____
❒ Anemia	_____	❒ Poisonous Plants	_____
❒ Child Development	_____	❒ Respiratory/Asthma	_____
❒ Child Care/Parenting	_____	❒ Safe Toys	_____
❒ Diabetes	_____	❒ Sun Exposure	_____
❒ Immunizations	_____	❒ Water Safety	_____
❒ Injury Prevention	_____	❒ Vision/Eye Care	_____
❒ Insect/Snake Bite	_____	❒ Vitamins	_____
❒ Living Cond./Sanitation	_____	❒ _____	_____
❒ Medication Use	_____	❒ _____	_____
❒ Passive Smoke	_____		

Summary - What does this patient need assistance with?

❒ Health Ed ❒ Medical Appt ❒ Medicaid/HealthChoice ❒ Interpretation ❒ Resources
❒ School ❒ Dental Appt ❒ WIC ❒ Transportation

Notes:

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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.

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