

## **REFUGEE HEALTH ASSESSMENT SUMMARY**

DEMOGRAPHICS				
Name (Last, First, Middle)		Gender □ Male   □ Female		Alien #
DOB (mm/dd/yyyy)	Address	Sponsor Name & Phone #		Case Manager Name & Phone #
Health Screening Agency	Resettlement/Volunteer Agency	Date of Arrival in the U.S.	Country of Birth	Screening Physician/Nurse
ASSESSMENT FINDINGS				
Diagnosis:       □ Refugee Health Assessment completed       □ Abnormal exam or medical history findings (see Notes below)       □ Pregnancy         □ Stool/Serology tested positive for ova or parasites       □ Latent Tuberculosis Treatment       □ Tuberculosis       □ Other				
Labs ordered:       Stool for O&P       Sputum       Chest X-Ray       Immunization titers       Complete Blood Count (CBC) with differential         Blood Lead Level       Liver Function Test (LFT)       HIV Test       Hepatitis B Antigen       Syphilis (RPR)         Gonorrhea/Chlamydia       Gonorrhea/Chlamydia       State of the second seco				
Lab Results (see Health Assessment Form): Health Assessment Form Attached?				
Immunizations administered: 🗆 MMR 🗆 Varicella 🗆 Hepatitis B 🗆 DTaP/Tdap/Td 🗆 Influenza 🗆 Twinrix (Hep A & B) 🗆 Other				
Immunization Titers—Immune to:				
🗆 Measles 🗆 Mumps 🗆 Ru	ubella 🗌 Varicella 🗌 Hepatitis B	Hepatitis C		
REFERRALS				
You have been referred to:       Primary Care Provider for further medical care       Dentist       WIC/Nutritionist       Optometrist       OB/GYN         LHD TB Program for further evaluation/start medication (LHD/other referral center:      )         Specialist for          Other				
You will need a follow-up appointment within for				
MEDICATIONS				
	M			
Medications prescribed?				
·		EDICATIONS		
·	′es □ No	EDICATIONS		
Plea	'es □ No se list names of medications and reas	EDICATIONS		
Plea	<ul> <li>Yes □ No</li> <li>Ise list names of medications and reas</li> <li>MCO formulary? □ Yes □ No</li> </ul>	EDICATIONS son prescribed:		
Plea Medications checked against M Call the number on your insurat Your next appointment is on Call if your Take medication as directed.	Yes □ No USE list names of medications and reas USE formulary? □ Yes □ No N nce card to schedule an appointment v(date/time) for ou have any questions or concerns abo pw-up per CDC guidelines: http://www.	EDICATIONS Son prescribed: EXT STEPS Vith your doctor. (purpose). Dut your refugee health asses		sites-domestic.pdf.
Plea Medications checked against M Call the number on your insurat Your next appointment is on Call if your Take medication as directed. Recommend stool parasite follow	Yes □ No USE list names of medications and reas USE formulary? □ Yes □ No N nce card to schedule an appointment v(date/time) for ou have any questions or concerns abo pw-up per CDC guidelines: http://www.	EDICATIONS Son prescribed: EXT STEPS Vith your doctor. (purpose). Dut your refugee health asses		sites-domestic.pdf.
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Name of person completing the form