FARMWORKER OUTREACH HEALTH ASSESSMENT

ID# _____

Name _____ Date ____/____/____ OR worker _____

Date of Birth____/____/____ Sex ☐ M ☐ Female Tel. No. _____

Parent/Guardian _____ Employer _____

Here (this residence) during last 24 months? ☐ Yes ☐ No Patient Local Address _____

If no, is this your first time in this area? ☐ Yes ☐ No _____

Patient Type: ☐ Migrant ☐ H2A ☐ Seasonal ☐ Other County _____

Health Screening BP _____ / _____

1. Do you (or your child) have any health problems? If yes, please list. ☐ Yes ☐ No

   Problems: _____

2. Do you have any other concerns or other types of problems that you would like to discuss? ☐ Yes ☐ No

   Concerns: _____

Health Education

☐ Anemia _____
☐ Athlete's Foot _____
☐ Back Pain _____
☐ Basic Sanitation/Hygiene _____
☐ Child Care/Parenting _____
☐ Cholesterol _____
☐ Clinic Services _____
☐ Dehyd/Heat Stroke _____
☐ Dental _____
☐ Diabetes _____
☐ Domestic Violence _____
☐ Emotional Health _____
☐ Family Planning _____
☐ HIV/AIDS _____

☐ Hypertension _____
☐ Immunizations _____
☐ Insect/Snake Bite _____
☐ Lead Exposure _____
☐ Liv. Cond.Sanitation _____
☐ Medication Use _____
☐ Nutrition/WIC _____
☐ Passive Smoke _____
☐ Pesticides _____
☐ Prenatal _____
☐ Poisonous Plants _____
☐ Respiratory/Asthma _____
☐ Safe Toys _____

☐ Seat Belt _____
☐ Skin/Wound Care _____
☐ STIs _____
☐ Substance Abuse _____
☐ Sun Exposure _____
☐ Tobacco Sickness _____
☐ Tuberculosis _____
☐ Vision/Eye Care _____
☐ Vitamins _____
☐ Water Safety _____
☐ _____ _____

Case Management

☐ Case Mgt Non Med 30 Min
☐ Case Mgt Non Med 60 Min
☐ Case Mgt Medical/Social 30 Min
☐ Case Mgt Medical/Social 60 Min
☐ Case Mgt Nonmedical 90min
☐ Case Mgt Medical/Social 90 Min
☐ Emergency Int Phone Non Medical 15 Min
☐ Emergency Int Home Non Med 90 Min
☐ Pt Case Mgt Nonmedical 30 Min
☐ Pt case Mgt Nonmedical 60 Min

☐ Pt Case Mgt Medical/Soc 30min
☐ Pt Case Mgt Medical/Soc 60 Min
☐ Pt Case Mgt Nonmedical 90 Min
☐ Pt Case Mgt Medical/Soc 90 Minutes
☐ Ind Pt Education 15 Min
☐ Ind Pt Education 30 Min
☐ Ind Pt Education 60 Min
☐ Nutritional Assessment 45 Minutes
☐ Nutritional Screening 30 Min
☐ Nutritional Screening 60 Min

☐ Bilingual Provider Interpretation
☐ Health Center Staff Interpretation 15 Min
☐ Language Assist Forms 15 Min
☐ Language Assist Forms 30 Min
☐ Interpretation Escort 120 Min
☐ Outreach And Transportation
☐ Food Distribution
☐ Encounter To Determine Food Need 15 Min
☐ Transportation To And From Clinic
☐ Transportation To And From Referral

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

I acknowledge that I have received a copy of the Notice of Privacy Practices

_____

Signature

FOLLOW-UP HISTORY

Date	Activities