

## CASA ALITAS MEDICAL SCREENING & TRIAGE FORM – Welcome Center

Date arrived: \_\_\_\_\_

Room #: \_\_\_\_\_

Name	DOB/Age/Gender	Fluvax given	Country of Origin:
A1:			Days since left home community:
A2:			Days in Custody:
C1:			Last Food / Fluids:
C2:			Destination:
C3:			Primary Language:
(For larger families please attach 2 <sup>nd</sup> form)			Read/Write in Spanish: [ ] Yes [ ] No

\*Please use back of form for further notes if needed – indicate which patient notes pertain to\*

	A1	A2	C1	C2	C3
Immediate/Serious Medical Concerns?					
Medical Care in Custody? If Yes, reason: Hospitalized?					
Pregnant? #Months					
Chronic illness?					
Meds: Dose: Last taken:					
Headache or dizziness?					
Fever/Chills?					
Cough? If yes, Productive? Bloody sputum?					
Runny nose or watery eyes?					
Shortness of breath?					
Chest pain? Palpitations?					
Abdominal Pain?					
Nausea/Vomiting?					
Diarrhea? If yes: Frequency? Watery/loose? Bloody?					
Rash or skin changes? Including feet					
Wounds/Lesions					
Itching? Skin vs Head?					
Other:					

**On-site Dispo:** \*MUST INFORM INTAKE LEAD for Room Assignment\* \*MUST INFORM TRAVEL if need Medical Clearance\*

**Isolation/Immediate Tx:** [ ] Head lice [ ] Scabies [ ] Varicella [ ] Rule-out TB [ ] Other \_\_\_\_\_

**Off-site Referral:** \_\_\_\_\_

(Over for Medical Notes and Follow-up Notes)

Provider Name/Signature: \_\_\_\_\_

Medical Notes and Follow-up Notes: