

PROMISE HEIGHTS JAIL MEDICAL INTAKE SCREENING FORM

NAME Cloud Linda M SEX Female
LAST FIRST MI

RACE Native American DOB: 03/16/XX Age: 58 SSN 222-3333-4444 DATE: XX/XX/XX

TIME 1000 AM JAIL BEFORE YES/NO, WHERE? NO

MEDICAL INSURANCE YES/NO IF YES, WITH WHO YES - through job until the end of the month - was terminated.

OBSERVATION CIRCLE ONE ANY YES ANSWERS REQUIRE A DETAILED EXPLANATION ON THE BACK OF THIS FORM

1. IS THE INMATE UNCONSCIOUS _____ YES NO
2. DOES THE INMATE HAVE OBVIOUS PAIN, TRAUMA, ILLNESS, OR OTHER SYMPTOMS SUGGESTING NEED FOR IMMEDIATE EMERGENCY OR DOCTORS CARE _____ YES NO
3. DOES THE INMATE EXHIBIT ANY SIGNS OF ABNORMAL BEHAVIOR _____ YES NO
4. IS THERE FEVER, SWOLLEN LYMPH NODES, JAUNDICE OR EVIDENCE OF INFECTIONS WHICH MIGHT SPREAD THROUGH THE JAIL _____ YES NO
5. IS THERE EVIDENCE OF VERMIN OR POOR SKIN _____ YES NO
6. DOES THE INMATE APPEAR TO BE UNDER THE INFLUENCE OF ANY KNOWN SUBSTANCE (ALCOHOL AND/OR DRUGS) _____ YES NO
7. ARE THERE ANY SIGNS OF ALCOHOL OR DRUG WITHDRAWAL SYMPTOMS _____ YES NO
8. DOES THE INMATE'S BEHAVIOR AND/OR PHYSICAL APPEARANCE SUGGEST THE RISK OF SUICIDE _____ YES NO
9. DOES THE INMATES BEHAVIOR SUGGEST THE RISK OF ASSAULT TO STAFF OR OTHER INMATES _____ YES NO
10. IS THE INMATE CARRYING MEDICATION OR DOES HE REPORT BEING ON MEDICATION WHICH SHOULD BE ADMINISTERED OR AVAILABLE: Currently taking, Ibuprofen as needed for painful joints , Fluoxetine for depression, checks blood glucose 1x/day, currently on Metformin 1x/d for diabetes. **Needs her Blood glucose checked and Metformin this morning - YES NO**
11. DOES THE INMATE HAVE CUTS OR ABRASIONS THAT WERE NOT SERIOUS ENOUGH TO WARRANT MEDICAL ATTENTION (NOT MENTIONED IN ITEM #2) _____ YES NO

12. DOES THE INMATE APPEAR TO NEED DENTAL SCREENING _____ YES NO
13. DOES THE INMATE SHOW ANY WARNING SIGNS FOR RISK OF SEXUAL ABUSE SUCH AS; SMALL BUILD, YOUNG AGE, MENTAL OR PHYSICAL DISABILITIES, FIRST TIME OFFENDER OR SEXUAL ORIENTATION THAT COULD PLACE THEM AT RISK OF BEING SEXUALLY ASSAULTED DURING THEIR INCARCERATION? _____ YES NO

YES NO INMATE QUESTIONNAIRE

14. ARE YOU TAKING MEDICATION FOR DIABETES, HEART DISEASE, SEIZURES, ASHMA, ULCERS, HIGH BLOOD PRESSURE, OR A PSYCHIATRIC DISORDER Ibuprofen, metformin, Prozac YES

15. DO YOU HAVE OR HAVE YOU EVER HAD TUBERCULOSIS, DIABETES, HEPATITIS OR EPILEPSY _____ YES NO

16. DO YOU HAVE A SPECIAL DIET PRESCRIBED BY A PHYSICIAN _____ YES NO

17. DO YOU HAVE OR HAVE YOU EVER HAD A VENEREAL DISEASE OR ABNORMAL DISCHARGE
 _____ YES NO
18. HAVE YOU RECENTLY BEEN HOSPITALIZED FOR ANY MEDICAL OR PSYCHIATRIC ILLNESS
 _____ YES NO
19. HAVE YOU EVER BEEN TREATED FOR A MENTAL DISORDER (INCLUDE TYPE AND WHEN ON BACK OF FORM)
 _____ NO Sort of - they call it that, I guess
20. IF CURRENTLY BEING TREATED FOR A MENTAL DISORDER, DO YOU FEEL LIKE YOU WANT TO HARM YOURSELF OR SOMEONE ELSE _____ YES NO
21. HAVE YOU EVER BEEN THE VICTIM OF SEXUAL ABUSE OR RAPE (IF YES, HOW LONG AGO)
 _____ YES NO When I was little - my uncle
22. DO YOU CURRENTLY FEEL YOU ARE VULNERABLE OF BEING SEXUALLY ASSAULTED OR ABUSED?
 _____ YES NO
23. DO YOU HAVE A CONTAGIOUS/COMMUNICABLE DISEASE _____ YES NO
24. ARE YOU ALLERGIC TO ANY MEDICATION OR FOOD _____ YES NO
25. HAVE YOU FAINTED RECENTLY OR HAD A HEAD INJURY (WHEN) _____ YES NO
26. DO YOU HAVE A PAINFUL DENTAL CONDITION _____ YES NO
27. (IF FEMALE) ARE YOU PREGNANT _____ YES NO This is dumb. I'm 58.
28. (IF FEMALE) ARE YOU ON BIRTH CONTROL _____ YES NO Another dumb question.
29. (IF FEMALE) HAVE YOU RECENTLY DELIVERED OR ABORTED _____ YES NO
30. DO YOU HAVE ANY OTHER MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF
 _____ YES NO
31. DO YOU USE ALCOHOL Wine and beer almost every night - don't know how much _____ YES NO
32. DO YOU USE DRUGS Smoke pot - once a week _____ YES NO IF YES TO QUESTIONS 31, 32 - SPECIFY QUANTITY/FREQUENCY, DATE AND TIME OF MOST RECENT USE

*****NOTE: ALL OTHER YES ANSWERS REQUIRE A DETAILED ANSWER HERE***** ANSWER THE FOLLOWING QUESTIONS FOR INJURIES THAT REQUIRE EMS OR HOSPITALIZATION WHEN DID THE INJURY OCCUR: ANSWER EACH QUESTION AND EXPLAIN WHERE NECESSARY 1. PRIOR TO THE ARREST (I.E. 1 DAY/2 DAYS, ETC) YES NO 2. DURING THE ARREST YES NO 3. IN THE JAIL YES NO EXPLANATION OF INJURY:

PLACEMENT OF RECOMMENDATION: (CHECK ONE) GENERAL POPULATION IMMEDIATE MEDICAL REFERRAL _____ LATER MEDICAL REFERRAL ISOLATION _____ EMERGENCY CONTACT INFORMATION

NAME Denies any contact person RELATIONSHIP _____

ADDRESS _____

PHONE # _____

Mandy Thompson _____ INMATE'S SIGNATURE

INTERVIEWER'S SIGNATURE

Gianna C land