

**2015 Ottawa Syrian Refugee Template
Initial Intake Assessment
Adolescent (Age 12-17)**

Orientation:

Welcome to Canada. We are primary care doctors. The questions we are asking about your health are for your wellbeing, not affiliated with immigration processes, and is confidential.

Demographics:

First Name: _____ Last Name: _____

Preferred Name: _____ Date: _____

Female Male Other _____ Date of birth (YYYY/MM/DD) ____/____/____

Country of Origin: _____ Countries migrated through: _____

Date of Arrival in Canada: _____ Ever lived in a refugee camp: Yes No

Duration since first displaced internally _____ Duration since first displaced internationally _____

Languages Spoken (any): Eng Fr Arabic Kurdish Armenian Turkish Other

Ethnicity: Arabic Kurdish Armenian Other

Status in Canada: GAR PSR BVOR Claimant New Immigrant Undocumented

Family Supports: _____ Settlement Worker/Agency: _____

History:

Health concerns (ask about sleep, eating habits):

Current medical history¹:

Medical Condition	Date of diagnosis	Comments

Past medical history (including hospitalizations, surgeries, and mental health conditions²):

Medical Condition	Date of diagnosis	Comments

Family history: _____

1 For symptomatic adolescents see Caring for Kids New to Canada, Medical Problems <http://www.kidsnewtocanada.ca/signs-and-symptoms/signs-and-symptoms>

2 Do not screen for PTSD, but do PTSD symptom check if severe functional impairment reported, see footnote 4 on pg2

Medications (including vitamins, non-prescription and herbal medicines):

Name	Indication	Dose	Date started	Discontinued

Allergies: No known drug allergies

Immunization status:

Complete records (see attached) Incomplete records (see attached) Absent records

If written records absent patient requires full catch-up series³:

Tetanus, diphtheria, polio	Give Tdap-IPV now, Td-IPV in 2months, Td-IPV in 6-12months.
Measles, mumps, rubella and varicella	If over 13 years old test varicella serology. Give MMR-V if under 13 years old, or MMR if over 13 and born in/after 2000.
Meningococcus	Give Men-C-C if under 13 years old and born in/after 2003. Men-C-ACYW can be ordered from Ottawa Public Health for children Grades 7-12 who have missed school-based immunization.
Influenza	Give annually.
Human Papilloma Virus	Discuss with patients, vaccine available from Ottawa Public Health for females grades 8-12 who have missed school-based immunization.

3: If patient requires full catch-up series refer to Publicly Funded Immunization Schedules for Ontario http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf

Also see <http://www.kidsnewtocanada.ca/screening/immunizations>

Reproductive Health:

Age at menarche: _____ Previous pregnancies/ births: _____

STI symptoms (dysuria, discharge): _____ Sexual activity (consensual/non-consensual): _____

Substance use:

Alcohol none OR ___ drinks/week Tobacco none OR ___ cigs/day Drugs none OR _____

Mood/ coping⁴:

Do you have any current concerns about personal safety, if yes: _____

4 Screening for PTSD can result in more harm than good. Unless patient reports severe functional impairment, most individuals who experience traumatic events cope without intervention once they reach safety. Remain alert for signs of PTSD especially in the context of unexplained somatic symptoms, sleep disorders or mental health disorders like depression. Only screen for depression if you are linked to an integrated treatment program. Remain alert for adjustment stress, signs of child neglect/ domestic violence.

Social History:

Last schooling: _____ Level obtained: _____

Previous concerns at home/school: _____

Home/ Current Living Situation:

Health Promotion:

- Screen for unmet contraceptive needs/ Emergency contraception
- Discuss dental care ⁵
- Home visitation for high risk mothers with infants under 3 years old ⁶

5 Ottawa Public Health offers dental health promotion and screening for low-income adults in the community. For a list of dentists in Ottawa accepting refugee patients: <http://canadiandentistsforrefugees.net/patients/>

6 Ottawa Public Health takes referrals to do follow-up and/or home visitation through the Healthy Babies Healthy Children program for families with children 0-6 years old, or who are expecting a baby.

Physical Exam:

Vitals: Ht: Wt: BP: HR: RR and SaO2 if indicated:

Focused physical exam for presenting complaint:

Visual acuity: Left eye: ___/___ Right eye: ___/___

Dental exam:

General Appearance: (Nutritional status, appropriate clothing, eye contact, speech fluency)	Head & Neck: (Vision & dental as above, hearing and lymphadenopathy)	Skin: (scars, skin lesions, lice or scabies)
Chest and Abdomen: (Work of breathing, wheeze, murmur, abdominal organomegaly)	Neurologic & MSK: (spine for scoliosis, strength and reflexes)	Genitourinary & Gyne/Urol: (Tanner stage if warranted by presenting-health complaints)

Screening investigations:

All adolescents:	Considerations:	Do not screen for:
<input type="checkbox"/> CBC+ differential <input type="checkbox"/> G6PD <input type="checkbox"/> HBsAg + HBs-Ab ⁵	Consider TSH, LFTs, and lead if neurological signs and symptoms. Consider vitamin D level or universal supplementation if malnutrition, bruising . Consider BhCG, urine GC CT NAAT, HIV and syphilis screen if suspect sexual assault, sexually active, and patient consents. If anemic consider hemoglobin electrophoresis.	HIV and syphilis: IME does not screen children under age 15, but Syrian prevalence is low so screening is not recommended. TB: prevalence in Syria does not warrant screening for latent TB, but for contacts with active TB document age of BCG, mantoux, symptomatic patients CXR.
<input type="checkbox"/> HCV-Ab <input type="checkbox"/> Varicella serology (if age>13) ⁵ <input type="checkbox"/> Strongyloides serology	Parasites: best evidence recommends against stool O&P in asymptomatic refugees. Schistosomiasis is low prevalence in Syria so not recommended. However, if adolescents have suspected growth stunting or nutritional deficiency, consider testing or empiric treatment for parasites.	

⁵ If serology indicate non-immune for Varicella or Hepatitis B please check for eligibility for publicly funded vaccination through the ‘high risk’ program or Interim Federal Health (IFH) program and document for follow up.

Problems and Plan:

Note: There are many issues we did not have the opportunity to address during the “Screening Hub Visits”. At future visits we recommend the patient be screened for nutrition & exercise (iron deficiency, active living). Thank you for the future care of this patient.
Should you have any questions about refugee health or social services please contact physician experts through the Champlain LHIN e-consult service under ‘refugee and immigrant health’, contact econsultsupport@lhinworks.on.ca for access.

Screening completed by:

Name: _____ Phone #: _____
Location: _____ Date: _____

References:

CCIRH e-checklist http://www.ccirhken.ca/ccirh/checklist_website/index.html
CMAJ 2015: Caring for a Syrian Family
<http://www.cmaj.ca/site/misc/caring-for-a-newly-arrived-syrian-refugee-family-cmaj.151422.xhtml>
Caring for Kids New to Canada <http://www.kidsnewtocanada.ca/>
CMAJ 2011: Canadian Guidelines for Immigrant Health Collection
http://www.cmaj.ca/collections/canadian_guidelines_for_immigrant_health
National Advisory Committee on Immunizations <http://www.phac-aspc.gc.ca/naci-ccni/>
Ontario Immunization Schedule <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>
UNHCR’s Culture Context and the Mental Health and Psychosocial Wellbeing of Syrians 2015 <http://www.unhcr.org/55f6b90f9.pdf>

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