

**2015 Ottawa Syrian Refugee Template
Initial Intake Assessment
Child (Age 5-11)**

Orientation:

Welcome to Canada. We are primary care doctors. The questions we are asking about your child's 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

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

Pregnancy and Birth History:

(Gestational age, birth weight, complications at birth)

Developmental History:

Age at first words: _____ Age at first step: _____

Last schooling (setting, location, level attained): _____

Previous concerns at home/school: _____

Behavioural (If applicable, describe):

Unable to sit still/ follow instructions at home and school: _____

Redirection frequently needed: _____

Signs of self-injury: _____

Aggression towards others: _____

Sleep:

Nocturesis: _____

Nightmare/ night terrors: _____

Diet:

Concerns with fruit and vegetable intake, calcium or protein intake: _____

Toileting:

Daytime enuresis _____

Encopresis _____

Family History:

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

Tetanus, diphtheria, polio	If age 5-6: Give DTap-IPV series. If age >7: Give Tdap-IPV series.
Measles, mumps, rubella and varicella	Give MMR-V if under 13 years old.
Meningococcus	Give Men-C-C if under 13 years old and born in/after 2003.
Influenza	Give annually.

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

Health Promotion: Discuss dental care ⁵5 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/>

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 testing vitamin D levels or empiric supplementation if signs of malnutrition/ bruising. Consider TSH, LFTs and lead if neurological signs and symptoms. Consider urine GC CT NAAT, HIV and syphilis screen if suspect sexual assault. 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"/> Strongyloides serology	Parasites: best evidence recommends against stool O&P in asymptomatic refugees. Schistosomiasis is low prevalence in Syria so not recommended. However, if children have suspected growth stunting or nutritional deficiency, consider testing or empiric treatment for parasites.	

⁵ If serology indicate non-immune for 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/>

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>

Contact information:

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