

**2015 Ottawa Syrian Refugee Template  
Initial Intake Assessment  
Infant and Toddler (Age 0-4)**

**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 history<sup>1</sup>:

Medical Condition	Date of diagnosis	Comments

Past medical history (including hospitalizations, surgeries, and mental health conditions<sup>2</sup>):

Medical Condition	Date of diagnosis	Comments

Family history:

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

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

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**Pregnancy and Birth History:**Pregnancy details:Did you have antenatal care? Antenatal US results  Normal OR \_\_\_\_\_

Antenatal screening (pos, neg or unknown): syphilis \_\_\_\_\_ Rubella \_\_\_\_\_ HIV \_\_\_\_\_ HBV \_\_\_\_\_

During pregnancy did you use:  prenatal vitamins  medications \_\_\_\_\_ alcohol or drugs \_\_\_\_\_Were you diagnosed with:  gestational diabetes  hypertensionNeonatal details:

Gestational age at birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

Was neonatal resuscitation required?  No  Yes, and details (APGARS) \_\_\_\_\_

Breastfed (duration) \_\_\_\_\_ OR Formula fed (duration) \_\_\_\_\_

Please select birth details:

C section OR Vaginal birth without assist OR Vaginal birth with forceps/ vacuum

Hospital OR Home birth OR Other \_\_\_\_\_

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**Developmental History:**

0-3 months	4-6 months	6-12 months
<input type="checkbox"/> startles or turns head to sound <input type="checkbox"/> tracks movement with eyes	<input type="checkbox"/> head control when prone <input type="checkbox"/> reaching for objects <input type="checkbox"/> transferring between hands <input type="checkbox"/> starting to babble	<input type="checkbox"/> sitting independent >9months <input type="checkbox"/> crawling <input type="checkbox"/> localizing sounds <input type="checkbox"/> babbling
12-24 months	24-36 months	36-48 months
<input type="checkbox"/> using pointing and eye contact to communicate <input type="checkbox"/> can sit to stand, stand to sit <input type="checkbox"/> can run without frequent falls >age 18months <input type="checkbox"/> imitating words and sounds <input type="checkbox"/> following 1 step commands <input type="checkbox"/> can point to 1 body part by age 12 months	<input type="checkbox"/> able to follow 2-step commands <input type="checkbox"/> speech >50% understood by 30 months	<input type="checkbox"/> able to run easily <input type="checkbox"/> able to jump in place <input type="checkbox"/> able to follow 2-3 part commands <input type="checkbox"/> able to count up to 10 <input type="checkbox"/> able to name body parts and colours

Ask about:

Sleeping (in &gt;3 years old consider asking nightmares/nocturnal enuresis) \_\_\_\_\_

Feeding (in &lt;2 years old consider bottles/day; if &gt;2 years old ask about picky eating and sensitivities to food textures) \_\_\_\_\_

Toileting (in &gt;3 years old ask age by which toddler toilet trained) \_\_\_\_\_

**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 series<sup>3</sup>:

Children 0-12 months	Immunize as per routine immunization schedule
Children over 1 years old	
Tetanus, diphtheria, polio	Give Tdap-IPV-Hib series.
Measles, mumps, rubella and varicella	Give MMR-V.
Meningococcus	Give Men-C-C.
Pneumococcus	Give Pneu-C-13.
Influenza	Give annually.

**Health Promotion:**

Discuss dental care <sup>5</sup>

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/>

**Physical Exam:**

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

Focused physical exam for presenting complaint:

Dental exam:

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

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**Screening investigations:**

All infants and toddlers	Considerations:	Do not screen for:
<input type="checkbox"/> CBC+ differential <input type="checkbox"/> G6PD <input type="checkbox"/> HBsAg + HBs-Ab <sup>5</sup>	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.

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**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](mailto:econsultsupport@lhinworks.on.ca) for access.

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**Screening completed by:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Location: \_\_\_\_\_

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

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**References:**

CCIRH e-checklist [http://www.ccirhken.ca/ccirh/checklist\\_website/index.html](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:**

Version 1.0 Dec 2015

Please send questions, comments and/or feedback about this form to [scitron@cheo.on.ca](mailto:scitron@cheo.on.ca)

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