

# Personal health record for asylum applicants and refugees



# THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL

It is intended to facilitate information sharing by health professionals during the asylum application process.

Individuals who are not health care professionals should NOT request to see this book although the owner is free to chose to share this information with others.

### Consent to Health Assessment and TB Screening

Name:  Date of birth:

Induction Centre:  Date:

I have explained the procedure and it's purpose to the client:

Signature of nurse:  Name:

I consent to receiving a health assessment.

Signature:  Name:

I consent to receive screening for TB.

Signature:  Name:

For Interpreters (if applicable): I have interpreted the information above to the patient to the best of my ability and in a way which I believe s/he can understand:

Signature:  Name:

If telephone interpreter used, please record here:

## Instructions for health staff

Most of this record should be completed as an 'initial health assessment' just after arrival. This normally takes place at an induction centre.

### 1. When undertaking health assessments in an induction centre please ensure that:

- you complete pages 5 to 15 as far as possible;
- you complete pages 16 and 17 if appropriate;
- you give a brief summary of the client's current state of health for dispersal area health professionals on pages 7 & 8
- you record any health issues that may affect dispersal accommodation/date on page 7 and communicate with local staff responsible for dispersal;
- you appropriately refer any urgent healthcare requirements that cannot be dealt with as part of the health assessment. If necessary, healthcare staff in the dispersal area should be contacted as well (call the Department of Health on 0113 2546605 if you need help with finding the right person) ; Referrals should be noted on page 20 and 21.
- if there are any sensitive but important issues (e.g. HIV status) that the client does not wish to be recorded, leave your details on Page 22 so that dispersal area health staff can contact you to find out about the problem (always call staff back through a switchboard before giving sensitive information to ensure the enquiry is genuine).

*Continued over page*

- you have put your name and details on each page on which you make an entry;
- you have inserted 'client instructions' into the record. Translated instructions are available on the Department of Health web site.
- you have removed one copy of the record (carbonated copies only) for filing locally.

**2. GPs, Dentists and other health staff** should enter details of separate appointments on pages 20 & 21. There are continuation sheets on page 23 & 24 if you need extra space.

**3. Staff in dispersal areas** should always ask newly arrived asylum seekers for their personal health record. Any urgent healthcare requirements will be outlined on pages 7 and 8. You should check the full record soon after and complete any missing information as appropriate.

- one reason for initial health assessment is to save time in dispersal areas, so please do not repeat what has already been done.
- hole-punch any extra records produced in the dispersal area and attach them in the rear of the record in case the client is re-dispersed or decides to move at short notice.
- remove one copy of the record (carbonated sheets only) for filing locally.

Additional information e.g. how to access NHS services, cards with contact details, or health promotion literature can be put in the pocket at the front, or hole punched and added to the back of the record.

**Patient details**

NASS No. (or ARC card No.):

Port Reference No:

Family name:

Forename/s:

Title:

Gender:

Date of birth:

Country of origin:

Language 1:

Language 2:

English language:      None       Little

Fair       Good

Literate: Yes       No

Interpreter needed: Yes       No

Which language would written material be required in? (please state)

Previous occupation/s:

Religion:

Emergency contact/telephone number:

Family/friends in the UK and their contact details:

The last health professional to add to this page was:      *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

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Family/friends in the UK and their contact details:

The last health professional to add to this page was:      *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

## Accommodation

Induction centre:

Dispersal address:

Housing provider/type of accommodation:

Changes to address  
(please give dates):

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

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### Summary of Health Assessment

*(NB – this section is best completed at the end of the health assessment)*

**The following initial health assessment was made on**

*(please give date):*

**Brief Summary of current state of health.** Please see the rest of the record for detail.

Are any of the findings of the initial health assessment likely to affect dispersal accommodation/date requirements?

Yes  No

If 'yes', what action has been taken (include names and contact details where appropriate)?

***Continued over page....***

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

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***Continued over page....***

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Name/signature/date:

Name/signature/date:

Name/signature/date:

**Summary continued**

Do healthcare staff in the dispersal area need to know about any of the issues raised in the initial health assessment?

Yes  No

If 'Yes' what action has been/is to be taken?

Has the patient agreed to this happening?

Yes  No

**Further health assessments**

*Basic details should be entered here of any further health assessments undertaken – please also update the rest of the record where/if appropriate.*

The last health professional to add to this page was: (please add your other details on Page 22)

Name/signature/date:

Name/signature/date:

Name/signature/date:



### Summary continued

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Name/signature/date:

Name/signature/date:

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## Past medical history

(please use continuation sheets on pages 23 and 24 if required)

	Yes	No	Details (condition, dates, treatments)	Family history
<b>Heart/circulatory problems</b> e.g, heart attack, chest pain, high blood pressure, angina, rheumatic fever.				
<b>Respiratory problems</b> e.g, asthma, TB, bronchitis.				
<b>Blood disorders</b> e.g, Hepatitis B, HIV, anaemia.				
<b>Cancer</b>				
<b>Diabetes</b>				
<b>Tropical diseases</b> e.g. malaria				
<b>Fits or blackouts</b> e.g. epilepsy				
<b>Other conditions</b>				

The last health professional to add to this page was: (please add your other details on Page 22)

Name/signature/date:

Name/signature/date:

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*(please use continuation sheets on pages 23 and 24 if required)*

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Name/signature/date:

Name/signature/date:

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## Important health information

Medication: *(to include herbal remedies and over the counter products; please state when last used)*

Allergies:

Daily living activities (e.g., mobility, vision and hearing)

Previous hospitalisation / recent health episodes:

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

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Name/signature/date:

Name/signature/date:

Name/signature/date:



**Physical health (please give dates next to each new test)**  
*(please use continuation sheets on pages 23 & 24 if required)*

	Date:	Date:	Date:
Height			
Weight			
Blood pressure			
Urinalysis <i>(if appropriate)</i>			
Temperature <i>(if appropriate)</i>			
Peak flow <i>(if appropriate)</i>			
Blood test <i>(if appropriate)</i>			
Stool test <i>(if appropriate)</i>			
Others <i>(if appropriate)</i>			

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Blood test <i>(if appropriate)</i>			
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Others <i>(if appropriate)</i>			

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Name/signature/date:

Name/signature/date:

Name/signature/date:

## Tuberculosis

	Yes	No	Details
Continuous cough over the past month			
Coughing up blood in the past month			
Night sweats			
History of or contact with a person who has had TB			
Weight loss in the past month			
BCG scar seen			

	Date given	Batch no.	Expiry date	Result/comments
Heaf Test				
Mantoux Test				
Chest x-ray				
BCG				

Referral and treatment details:

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

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Referral and treatment details:

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Name/signature/date:

Name/signature/date:

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## Immunisations

Did the patient have childhood immunisations? Yes  No

If 'Yes' which ones? (name country/approximate year in which vaccinations were received if unsure about exact schedule; see <http://www.who.int/vaccines/GlobalSummary/Immunization/> for details of schedules by country)

Immunisations given since arrival in the UK:

Immunisation					
Date given					
Batch no.					
Expiry date					
Signature					
Adverse reactions?					
Next due					

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

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Immunisation					
Date given					
Batch no.					
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Signature					
Adverse reactions?					
Next due					

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

## Obstetric health

L.M.P.:

Contraception used:

Pregnancy details (if applicable), including expected delivery date:

Previous pregnancies:

Number of children (including ages):

FGM:

Any other issues (e.g. details of cervical smears):

## Sexual health

Sexually transmitted infections/other sexual health problems and actions taken:

*Continued over page...*

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

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*Continued over page...*

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Name/signature/date:

Name/signature/date:

Name/signature/date:

## Sexual health continued

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## Lifestyle

	Date:	Date:	Date:
Smoking			
Alcohol			
Diet/Nutrition			
Exercise			

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

## Sexual health continued

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## Lifestyle

	Date:	Date:	Date:
Smoking			
Alcohol			
Diet/Nutrition			
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Name/signature/date:

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## Sexual health continued

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	Date:	Date:	Date:
Smoking			
Alcohol			
Diet/Nutrition			
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Name/signature/date:

Name/signature/date:

Name/signature/date:

## Experience of Violence

*(This may be more appropriately assessed by specialists in dispersal areas. However, this section should be used during the initial assessment if torture is disclosed).*

Has the patient experienced/Has the patient any health concerns which relate to:  
*(Exploring the patient's health concerns may be a good way to begin asking about these.)*

– Physical violence, such as beating or whipping?

– Sexual assault or rape?

Has the patient witnessed violence to relatives or others?

Has the patient been detained (in a prison, police cell, military camp or other)?

*For patients who disclose a history of physical or sexual violence, it is advisable to enquire about psychological symptoms (see page 17)*

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## Mental Health Screening

*The following questions may be asked at induction. Further assessment can be performed after dispersal, unless an immediate need is identified.*

*Please ensure the patient has agreed with what is written here.*

How does the patient describe their mood? (Eg. depressed/sad, anxious, irritable)

Does the patient have problems sleeping? (Eg. Insomnia, nightmares, early morning waking)

What other psychological symptoms does the patient report?

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Name/signature/date:

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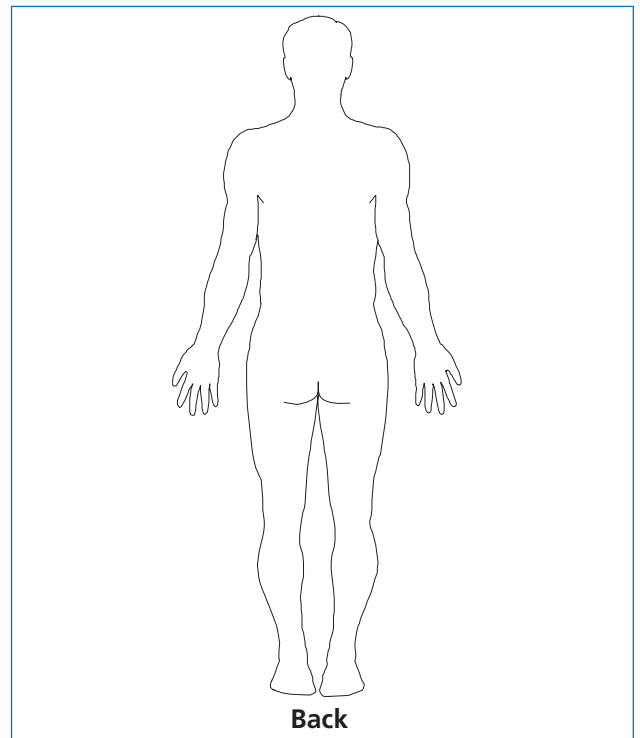
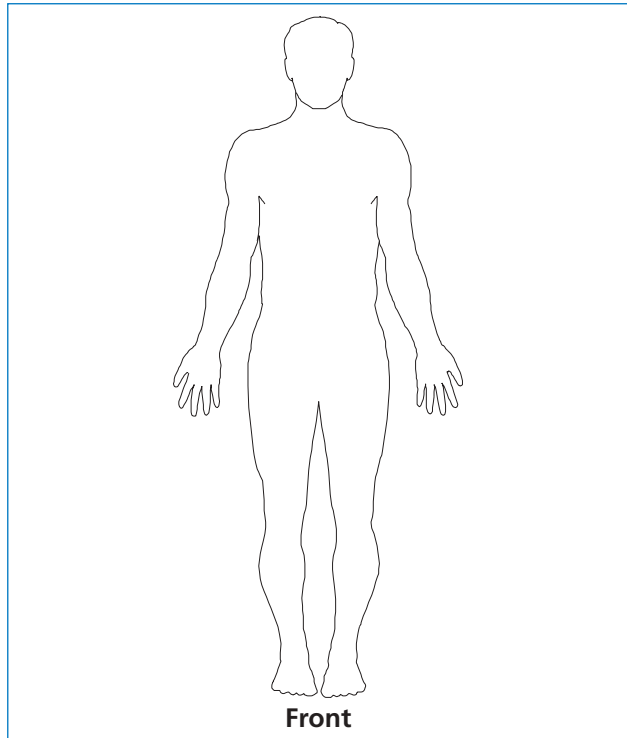
The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

**Body Map - Male** *If the body map for the opposite sex causes offence or discomfort it can be removed from the record*



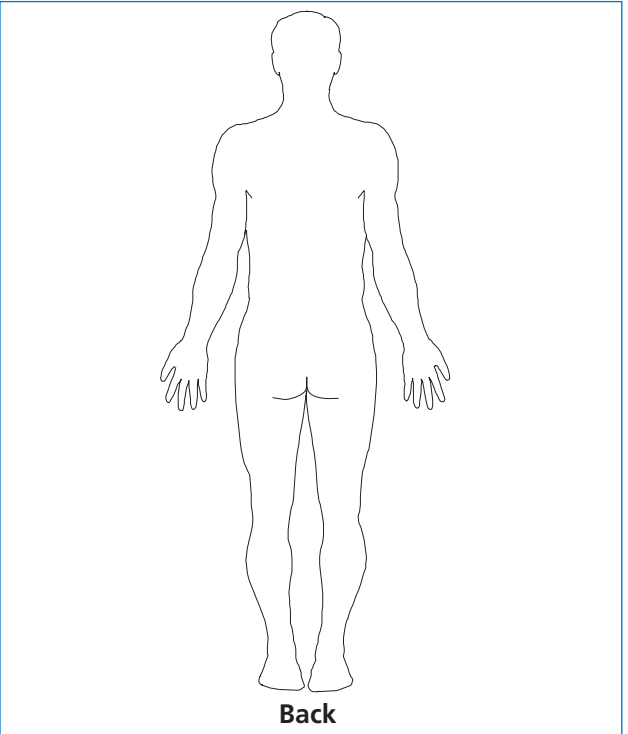
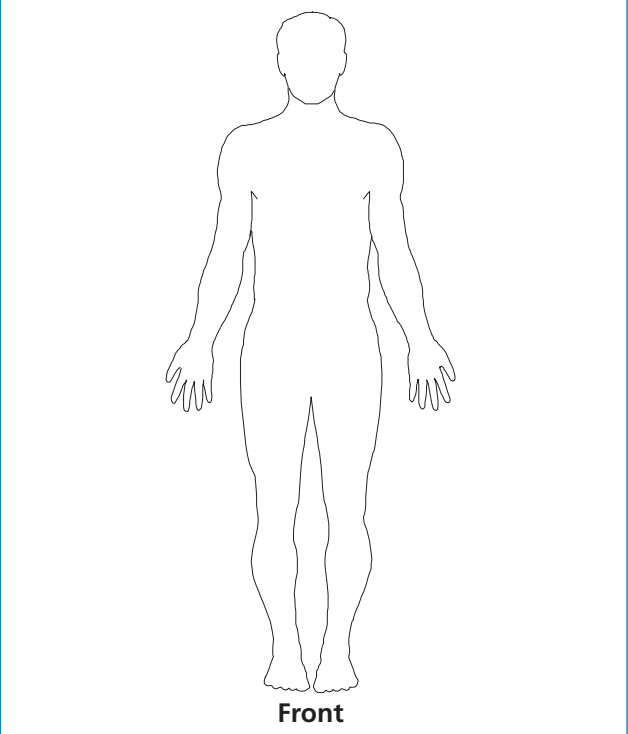
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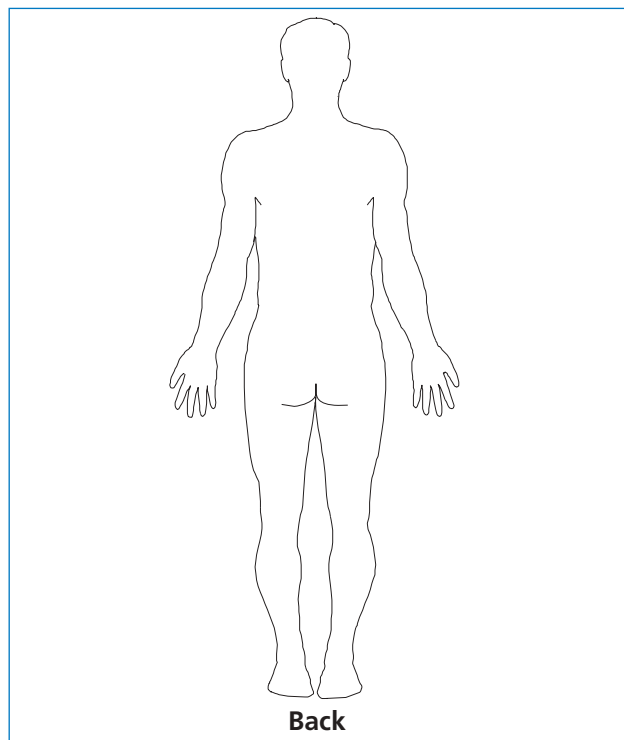
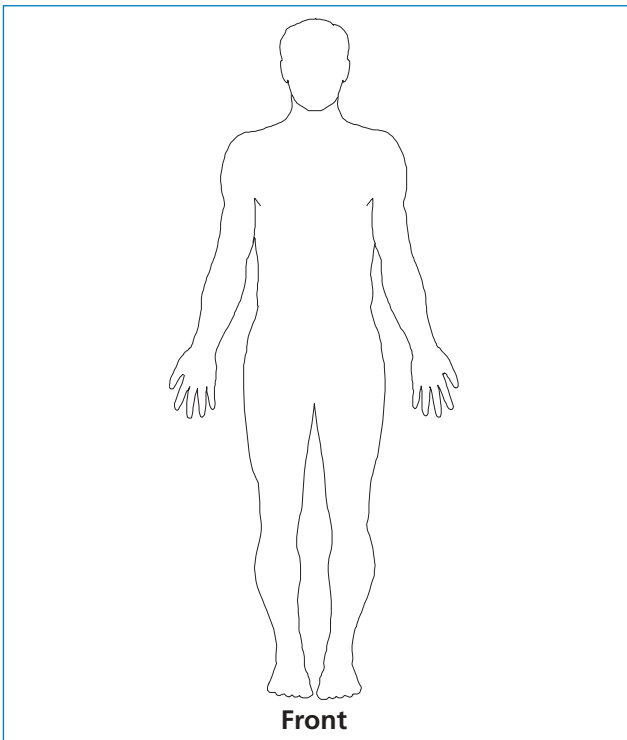
Name/signature/date:

**Body Map - Male** *If the body map for the opposite sex causes offence or discomfort it can be removed from the record*



The last health professional to add to this page was: *(please add your other details on Page 22)*  
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Name/signature/date:  
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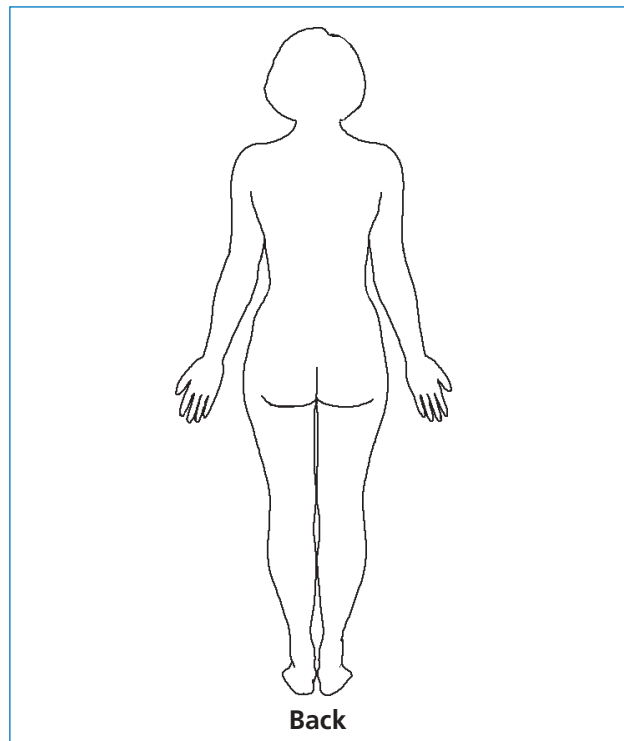
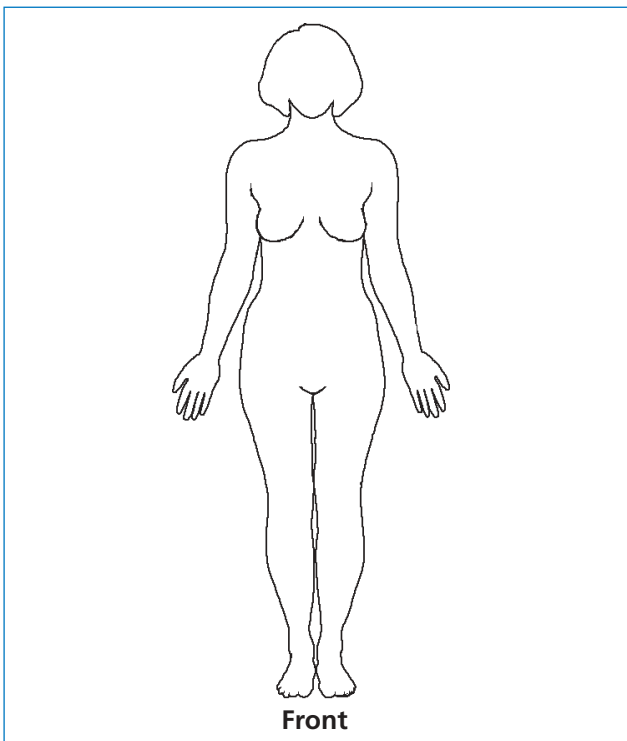
Name/signature/date:

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**Body Map - Female** *If the body map for the opposite sex causes offence or discomfort it can be removed from the record*



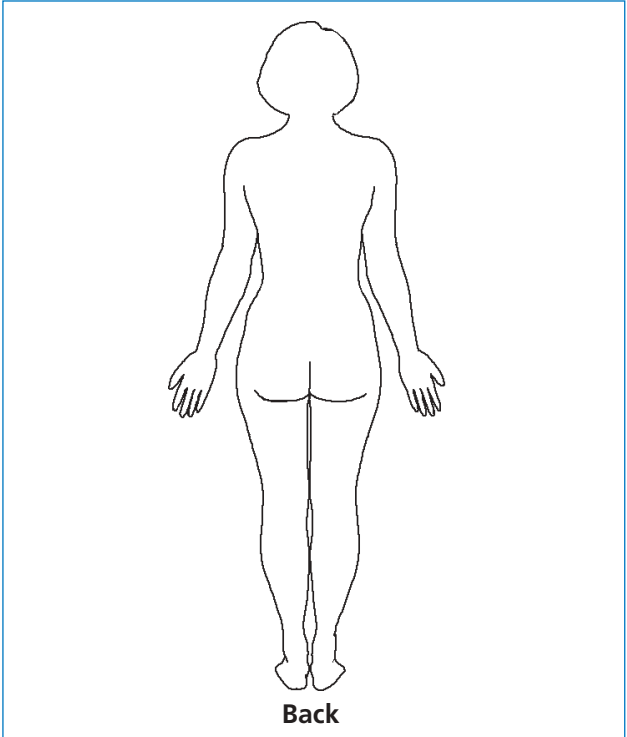
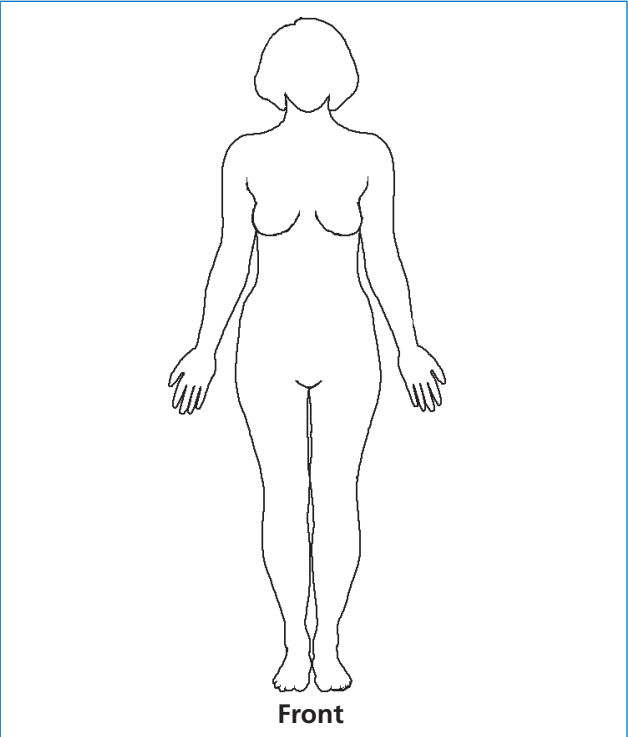
The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

**Body Map - Female** *If the body map for the opposite sex causes offence or discomfort it can be removed from the record*



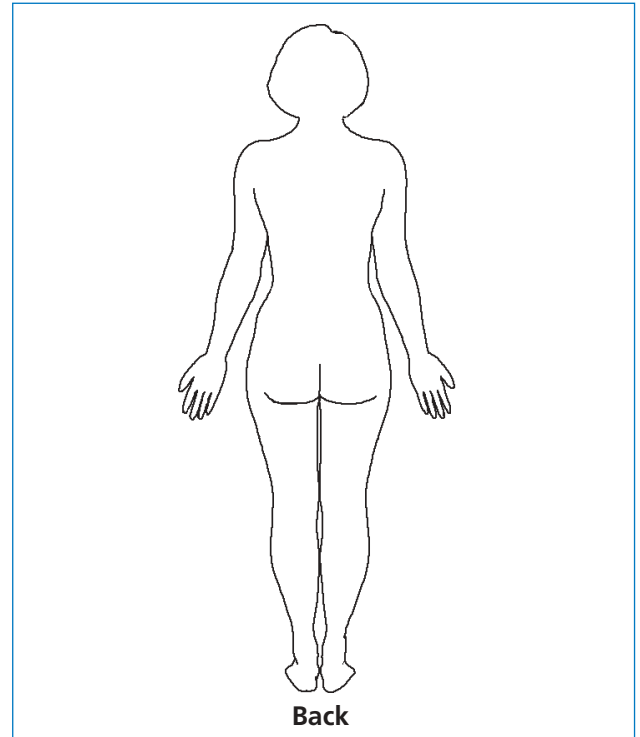
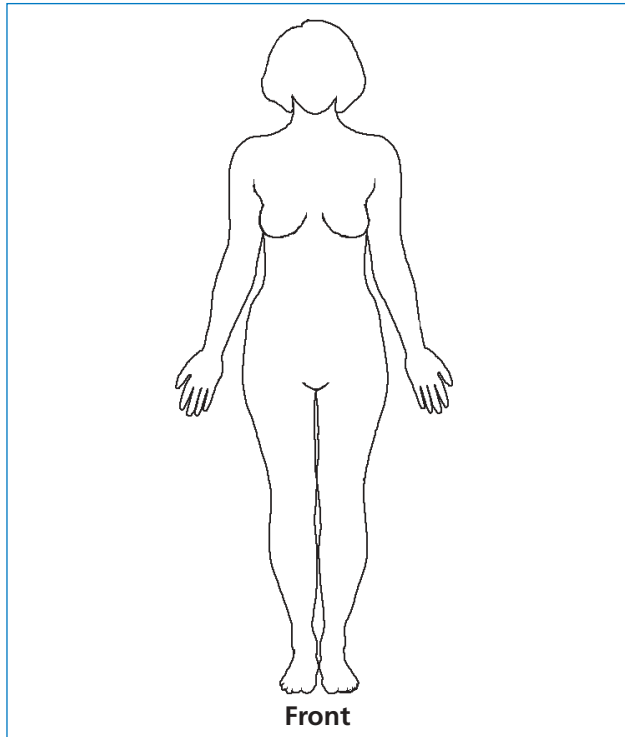
The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

**Body Map - Female** *If the body map for the opposite sex causes offence or discomfort it can be removed from the record*



The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:



**Healthcare appointments/Referrals 2**

All other healthcare appointments and referrals – for example with a GP or dentist – should be recorded here with details, dates, names and signatures.


**Staff details**

*Please enter your full details here if you have made an entry to this record.*

<b>Name</b>	<b>Professional status</b>	<b>Organisation</b>	<b>Telephone no.</b>	<b>Date seen</b>

## Continuation page

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date:

**Continuation page**

The last health professional to add to this page was: *(please add your other details on Page 22)*

Name/signature/date:

Name/signature/date:

Name/signature/date: