

## Instructions for health staff

1. Some of this record should be completed as an 'initial health assessment' just after arrival – normally in induction centres. If you are undertaking this health assessment you should ensure that:
  - you have appropriately referred any urgent healthcare requirements that cannot be dealt with as part of the health assessment; if necessary, you should contact healthcare staff in the dispersal area as well (call the Department of Health on 0113 2546605 if you need help with finding the right person);
  - you give a brief, overall assessment of the client's health on page 5, this should include any important information about the client's current state of health;
  - you record any health issues that may affect dispersal accommodation on pages 5 and 6 and communicate with local staff responsible for dispersal;
  - if there are any sensitive but important issues (eg, HIV status) that the client does not wish to be recorded, you 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);
  - you have removed one copy of the record (carbonated sheets only) for filing locally;
  - you have inserted 'client instructions' into the record. Translated instructions are available at [www.doh.gov.uk/asylumseekers](http://www.doh.gov.uk/asylumseekers) .

*Continued over page*

How much of the record you complete will depend on how long the child is in the induction centre, though in most cases you will only need to complete up to page 6.

2. If making an entry into this record you should ensure that:
  - you talk through confidentiality issues with the client/the client's next of kin and ensure that they are happy for the entry to be made/that they know who can view the record in the future;
  - you have put your name and details on each page on which you make an entry;
  - **GPs, dentists and other health staff** you should enter details of separate appointments on page 19. There are continuation sheets on page 23 if you need extra space.
3. **Staff in dispersal areas** - you should always ask newly arrived asylum seekers for their personal health record. Any urgent healthcare requirements will be outlined on pages 5 and 6, you should check the full record soon after and fill in any parts of the record that have not already been completed. One reason for initial health assessment is to save time in dispersal areas, so please do not repeat what has already been done. You should hole-punch and insert extra records produced in the dispersal area in case the client is re-dispersed or decides to move at short notice. You should remove one copy of the record (carbonated sheets only) for filing locally.

**Child's details**

NASS Number:

Family name:

Forename/s:

Ethnic origin:

Country of origin:

Date of birth:

Sex:

Family language spoken:

Interpreter needed: Yes  No

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

English language:      None       Little       Fair       Good

Emergency contact/telephone number:

Person with parental responsibility:

**Please enter details of the child's key carers/support workers on page 22 if/when known.**

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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## 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)*

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**Health assessment during the induction period – current state of health**  
(NB – this section is best completed at the end of the health assessment)

The following overall assessment was made of the patient's health on  
(please give date):

Please see the rest of the record for further detail.

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

Yes  No

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

*Continued over page....*

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Name/signature/date:

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*(please give date):*

**Please see the rest of the record for further detail.**

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Yes

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Name/signature/date:

Name/signature/date:

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 child's next of kin 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.*

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## Past medical history

*(please use continuation sheet if required)*

	Yes	No	Details (condition, dates, treatments)	Family history
<b>Asthma</b>				
<b>Diabetes</b>				
<b>Diphtheria</b>				
<b>Fits/seizures</b>				
<b>Jaundice</b>				
<b>Measles</b>				
<b>Meningitis</b>				
<b>Mumps</b>				
<b>Pertussis</b>				
<b>Polio</b>				
<b>Sickle Cell</b>				
<b>Thalassaemia</b>				
<b>Tuberculosis</b>				
<b>Other conditions</b>				

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<b>Other conditions</b>				

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**Health Assessment 1 (please give result and date next to each new test)**  
*(please use continuation sheet if required)*

	Date:	Date:	Date:
Height			
Weight			
Blood pressure			
Urinalysis			
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>			

Eyesight:

Hearing:

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

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Name/signature/date:

Name/signature/date:

Name/signature/date:

## Health Assessment 2

Are there concerns about any of the following? (If 'Yes' please give details below)

	Yes	No	Details
Behaviour			
Sleep patterns			
Nightmares			
Speech			
Mobility			
Appetite change			
Enuresis			
Any other problem			

Does the child have any injuries? (If 'Yes' please give details below)

Yes

No

*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:

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Sleep patterns			
Nightmares			
Speech			
Mobility			
Appetite change			
Enuresis			
Any other problem			

Does the child have any injuries? (If 'Yes' please give details below)

Yes

No

*Details*

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Sleep patterns			
Nightmares			
Speech			
Mobility			
Appetite change			
Enuresis			
Any other problem			

Does the child have any injuries? (If 'Yes' please give details below)

Yes

No

*Details*

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Name/signature/date:

Name/signature/date:

Name/signature/date:

Does the child require any medication? (If 'Yes' please give details below) Yes  No

*Details*

### Being/becoming a teenager

(Boys)	Yes	No	(Girls)	Yes	No
Testes descended?			Periods started?		

	Yes	No	Details
Any STD/sexual health concerns?			
Alcohol/cigarette/drug consumption?			

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Name/signature/date:

Name/signature/date:

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Does the child require any medication? (If 'Yes' please give details below) Yes  No

*Details*

**Being/becoming a teenager**

<b>(Boys)</b>	<b>Yes</b>	<b>No</b>	<b>(Girls)</b>	<b>Yes</b>	<b>No</b>
Testes descended?			Periods started?		

	<b>Yes</b>	<b>No</b>	<b>Details</b>
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Does the child require any medication? (If 'Yes' please give details below) Yes  No

*Details*

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Name/signature/date:

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## 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				Signed:

Referral and treatment details:

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## Immunisations

Immunisations given prior to arrival in the UK:

	1st	2nd	3rd	4th	Unknown		1st	2nd	3rd	4th	Unknown
Diphtheria						Meningitis					
Tetanus						MMR					
Pertussis						Hepatitis B					
Hib						Other					
Polio						Other					

Immunisations given since arrival in the UK:

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

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## ***Your Story***

When did you come to England?

Who came with you?

Why did you come to England?

Has anybody you know died?

Are there people in your family still at home?

Who are you living with now?

Do you have brothers/sisters?

What are their names and how old are they?

Family structure:

Family tracing: already attempted / declined / required

Tell me about what happened to you and your family (be aware of who is present with the child)...

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Name/signature/date:

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Is there anything else that has upset you or your family that you have not told us about?

How do you feel now?

### ***Your Thoughts and Feelings***

Memories of past events can come back to haunt you. Does this upset you?

Do you have trouble sleeping?

Do you have nightmares?

Do you have flashbacks or bad memories?

Do you sometimes or always feel lonely?

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## ***Your Thoughts and Feelings . . . continued***

Do you feel sad about what has happened?

Do you feel that your behaviour has changed? Do you feel angry or aggressive?

Do you feel like hiding or not talking?

Do you feel more hungry/less hungry?

Are you able to concentrate on things?

How do you see the future?

Do you ever think about hurting yourself when you feel sad or lonely?

What would stop you hurting yourself?

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## ***Your Thoughts and Feelings . . . continued***

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## ***Your Thoughts and Feelings . . . continued***

### **Anxieties and worries**

Draw a face next to each of the following items to show how you feel.



= very worried



= quite worried



= hardly worried / not at all

My education

Language problems

Finding work

Getting ill

Where I am living

My religion

Money/benefits

Staying in the UK

Making/keeping friends

Not being able to find family members

Relatives in my home country

Do you ever see things or hear voices?

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## ***Your Thoughts and Feelings . . . continued***

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## ***Your Thoughts and Feelings . . . continued***

Have you ever felt that you were going mad?

How have you coped with this?

Where do you get your strength from?

What/who has helped you cope?

If you felt very sad or lonely or if you thought you were going mad, who would you ask for help or advice?

For children that find it difficult to talk about their feelings:

Maybe you feel like one of these faces?



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How have you coped with this?

Where do you get your strength from?

What/who has helped you cope?

If you felt very sad or lonely or if you thought you were going mad, who would you ask for help or advice?

For children that find it difficult to talk about their feelings:

Maybe you feel like one of these faces?



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Name/signature/date:

Name/signature/date:

Name/signature/date:



## Daily Living Sheet

**Food and drink** (establish what the child eats, how much and how often)

Morning:

Midday:

Evening:

Signs of malnutrition?

Who does the cooking?

What do you especially like to eat and drink?

### School

School name and address:

Headteacher:

Class:

Teacher:

School friends:

LEA contacts:

Contact tel:

Favourite lessons:

Problems at school:

### Free time

Plays with toys	YES	NO	Looks after siblings/others	YES	NO
Plays with siblings/others	YES	NO	Helps with domestic chores	YES	NO
Goes outside to play	YES	NO	Works to support themselves	YES	NO
Does homework	YES	NO	Cultural/religious activities	YES	NO

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Please record details of key carers here:

	Name	Organisation	Telephone no.
Health Visitor			
School Nurse			
Social Worker			
Dentist			

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

Name	Professional status	Organisation	Telephone no.	Date seen

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**Continuation page**

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