Date: _____

Health Screening Tool

Jackson Health System

Corrections Health Services

Histories

Health History

- ○ Document
- ○ Unable to obtain

Allergies/Medications

- ○ Document

Family History

- ○ Document

Procedure History

- ○ Document

Social History

- ○ Document

Have you been incarcerated before?

- ○ Yes
- ○ No

Previous Incarceration in this Facility

- ○ Yes
- ○ No

Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____

Problem History

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

Add | Modify | Convert | Display: All

Clinical Dx	Date	Dx Type	Confirmation	Responsible Provic

Problems

Add | Modify | Convert | No Chronic Problems | Display: Active

Name of Problem	Onset Date	Last Updated By	Last Updated	Classification	Qualifier	Conditic

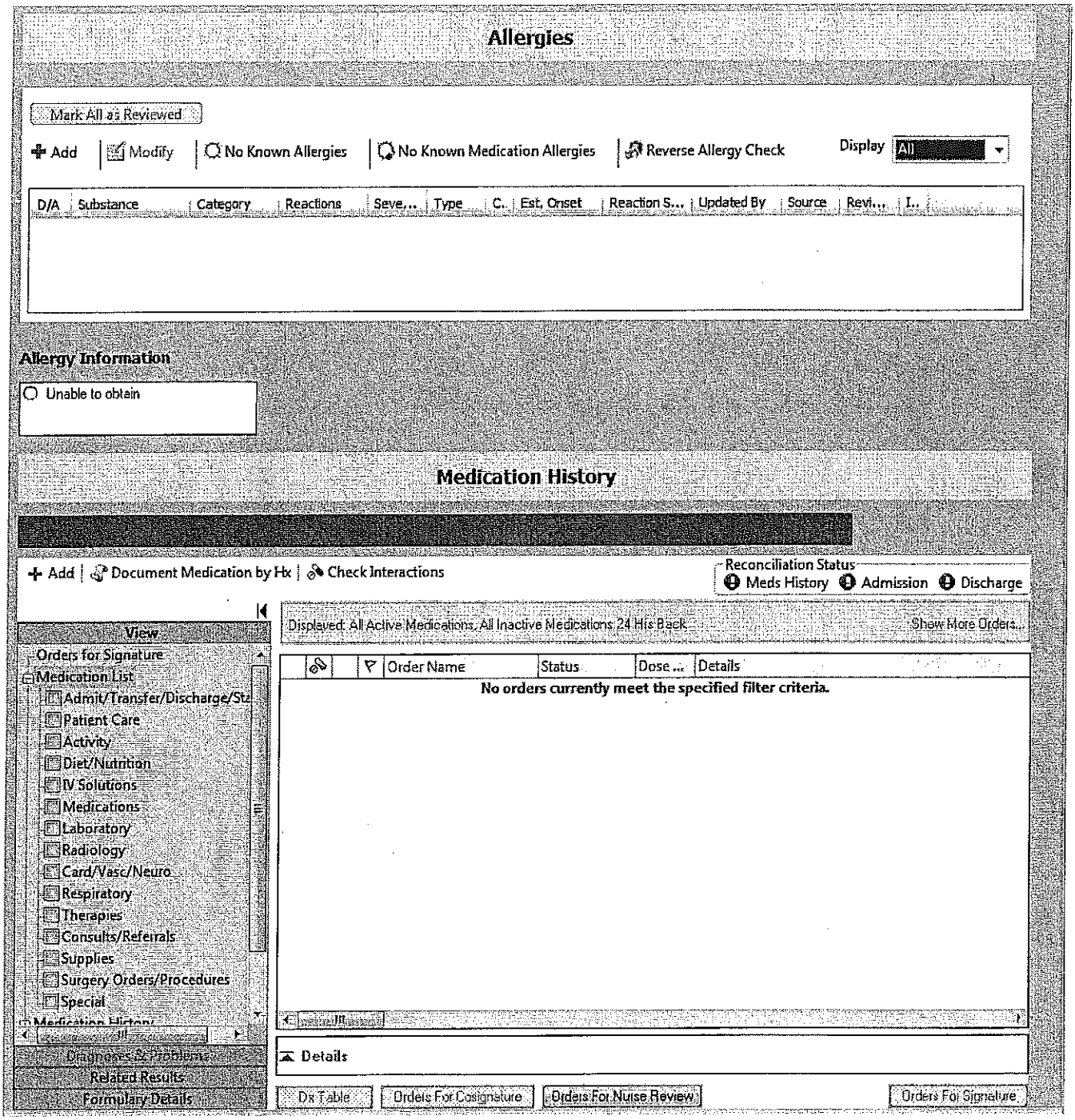
Most Recent Hospitalization(s)

	Date	Reason	Comment
Hospitalization #1			
Hospitalization #2			
Hospitalization #3			
Hospitalization #4			
Hospitalization #5			

Inmate Label (Downtime MRN & FIN)

Signature: _____

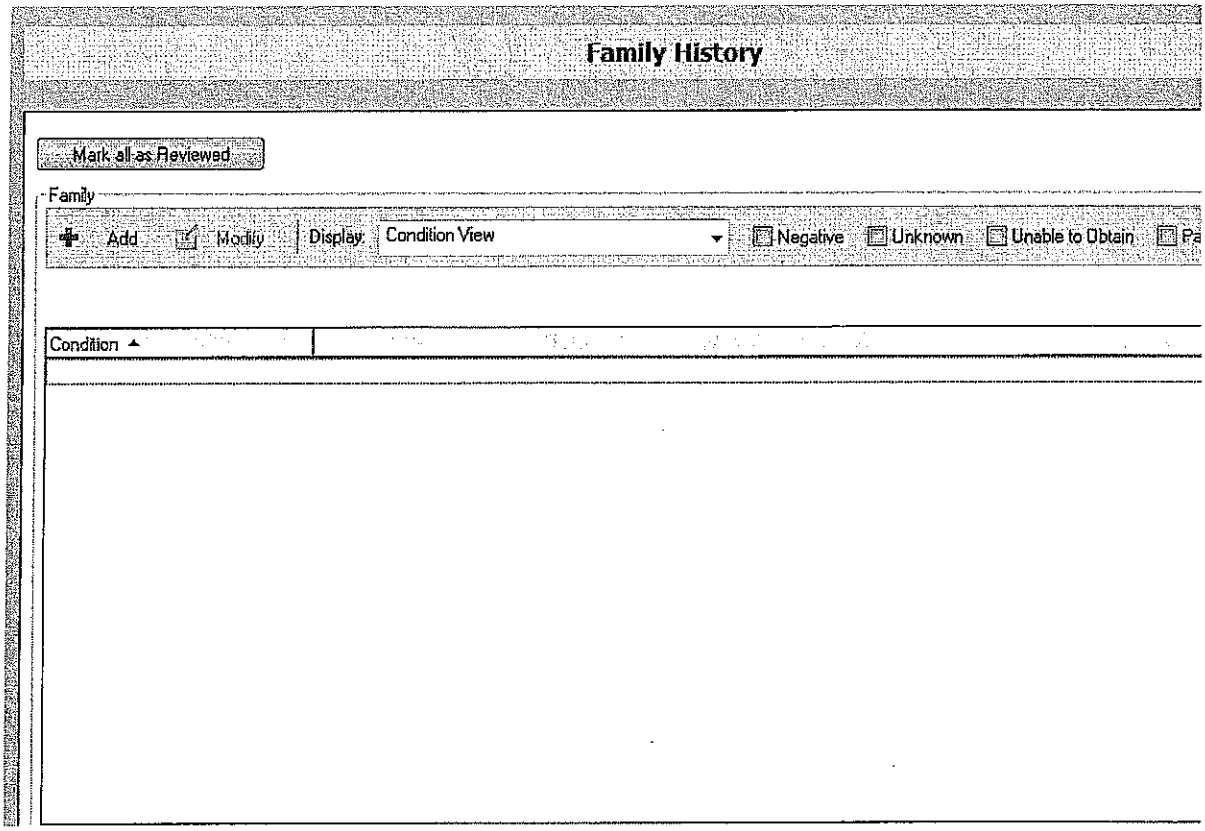
Credentials: _____



Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____



Inmate Label (Downtime MR

Signature: _____

Credentials: _____

Procedure History

Mark all as Reviewed

Procedures

Add | Modify | Display: All

Procedure	Last Reviewed	Procedure Date	

Medical Devices

- [ ] None
- [ ] Implantable cardioverter-defibrillator
- [ ] Insulin pump
- [ ] Medication pump
- [ ] Pacemaker
- [ ] Ostomy
- [ ] Feeding Tube
- [ ] Tracheal Tube
- [ ] Other:

Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____

Social History

Mark all as Reviewed

Social

Add | Modify | Display: All | Unable to Obtain

Category	Details	Last Updated	Last Update...
Abuse/Neglect/Domestic Violence			
Alcohol			
Tobacco			
Substance Abuse			
Sexual			
Employment/School			
Exercise			
Gambling			
Home/Environment			
Nutrition/Health			
Other			

Confirm Smoking Status

- ○ Current every day smoker
- ○ Current some day smoker
- ○ Former smoker
- ○ Never smoker
- ○ Smoker, current status unknown
- ◉ Unknown if ever smoked
- ○ Light tobacco smoker
- ○ Heavy tobacco smoker

If "CURRENT EVERY DAY", "CURRENT SOME DAY", "SMOKER, CURRENT STATUS UNKNOWN", "LIGHT TOBACCO SMOKER" or "HEAVY TOBACCO SMOKER" is selected, a smoking cessation instruction order will generate a task. Smoking Cessation Phone #: 305-585-5319

Document Task as Completed using Task List.

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to

- ○ Yes
- ○ No

If there is documentation of current smoking or tobacco use, or smoking or tobacco use within one year prior to arrival, and the type of product is not specified, assume this refers to cigarette smoking and select "Yes"

Tobacco Last Use

Alcohol Last

If "Use" is "Current" for Alcohol, Substance Abuse or Tobacco on Social History above, document date/time of last use

Recreational Drug Last Use

Inmate Label (Downtime MR

Signature: _____

Credentials: _____

TB Risk Factors/Symptoms

TB Risk Factors

	Yes	No	Unknown	Comment
*Alcohol and Drug Use				
*Employee of Institutional Living Environment				
*Health Care Employee				
*History of Exposure to TB				
*History of Positive Chest X-Ray for TB				
*History of Positive TB Skin Test				
*Homeless				
*Known Immunosuppression				
*Recent Immigrant				
*Resident of Institutional Living Environment				

Tuberculosis Description

- ☐ NA
- ☐ Active
- ☐ Treated
- ☐ Non-Treated

Start Date of Treatment for TB

//****

TB Symptoms

	Yes	No	Unknown	Comment
*Bloody Sputum				
*Fatigue				
*Fever				
*Loss of Appetite				
*Night Sweats				
*Persistent Cough > 3 Weeks				
*Weight Loss				

Compliance with TB medications?

- ○ NA
- ○ Yes
- ○ No
- ○ Unknown

If patient has three or more TB symptoms, Place in Airborne Isolation and document date and time patient placed in Airborne Isolation on the Basic Admission History Form.

Tuberculin Skin Test

PPD Lot Number

PPD Expiration Date **/**/****

TST Placement Date & Time **/**/****

PPD Site

- ○ Forearm, left
- ○ Forearm, right

Signature: _____

Credentials: _____

Inmate Label (Downtime MRN & FIN)

8

Suicide Potential Screening

In This First Section, for any questions answered "Yes", initiate Suicide Precaution until cleared by Behavioral Health.

Arresting officer believes the arrestee is at risk for suicide.	○ Yes ○ No
Are you embarrassed, ashamed, or humiliated over your arrest?	○ Yes ○ No
Do you wish you were dead or feel like killing yourself now?	○ Yes ○ Denied
Do you have a plan to carry out your suicide?	○ Yes ○ No ○ N/A
Have you ever tried to kill yourself?	○ Yes ○ Denied
How did you attempt it? (Check detainee for scars)	☐ Cut wrist ☐ Jumping ☐ Gun ☐ Pills/Overdose ☐ Hanging/Suffocation ☐ Other
Did you attempt within the last 3 months?	○ Yes ○ No
Do you feel hopeless, worthless, or like there is no way out?	○ Yes ○ No
Has anyone close to you (spouse, partner, parent, friend, child) attempted or committed suicide before?	○ Yes ○ No

Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____

Personal Data

Major events and problems occuring within the past 6 months/other stressors

☐ Body image	☐ Divorce	☐ Family problems	☐ Sexual orientation	☐ Other:
☐ Condition	☐ Family death	☐ Finances	☐ Surgery/Procedure	
☐ Diagnosis	☐ Family illness	☐ Hospitalization	☐ Unknown cause	

Were you ever hospitalized for behavioral health/psychiatric reasons?
○ Yes ○ No ○ Declined to discuss

Do you now or did you ever receive outpatient behavioral health treatment?
○ Yes ○ No ○ Declined to answer

Have you ever been diagnosed with a psychiatric illness?
○ Yes ○ No ○ Declined to discuss

Do you hold a position of status in the community?
○ Yes ○ No ○ Declined to answer

Are you violent or do people consider you a violent person?
○ Yes ○ No ○ Declined to answer

Do you have a history of victimization?
○ None ○ Present
○ Past ○ Declined to answer

Do you have a history of sex offenses or predatory sexual behavior?
○ Yes ○ No ○ Declined to answer

Are you pregnant?
◉ N/A

Last Menstrual Period
//****

Have you had an abortion or miscarriage in the past 6 moths?
○ N/A

Signature: _____

Credentials: _____

Inmate Label (Downtime MRN & FIN)

Behavior and Appearance/Observations

Appears to be under the influence of and/or withdrawing from drugs or alcohol

- ○ Yes
- ○ No

Current Withdrawal Symptoms

- ☐ None
- ☐ Abdominal cramps
- ☐ Anxiety
- ☐ Confusion
- ☐ Diarrhea
- ☐ Goose bumps
- ☐ Hallucinations
- ☐ Headache
- ☐ Heart palpitations
- ☐ Irritability
- ☐ Joint pain
- ☐ Mood swings
- ☐ Muscle twitches
- ☐ Nausea
- ☐ Not able to sleep
- ☐ Paranoia
- ☐ Rapid heartbeat
- ☐ Restlessness
- ☐ Seizures
- ☐ Sweating
- ☐ Too much sleep
- ☐ Tremors
- ☐ Vomiting

Level of Consciousness

- ○ Hyperalert
- ○ Alert
- ○ Lethargic
- ○ Obtunded
- ○ Stuporous
- ○ Comatose

Orientation

- ☐ Oriented x 3
- ☐ Not oriented to person
- ☐ Not oriented to place
- ☐ Not oriented to time
- ☐ Disoriented x 3

Hallucinations Present

- ☐ None
- ☐ Auditory
- ☐ Gustatory
- ☐ Olfactory
- ☐ Tactile
- ☐ Visual

Speech

- ☐ No problems identified
- ☐ Aphasic
- ☐ Coherent
- ☐ Delayed
- ☐ Echolalia
- ☐ Hyperverbal
- ☐ Incoherent
- ☐ Loud
- ☐ Monomic
- ☐ Mumbling
- ☐ Mute
- ☐ Pressured
- ☐ Profane
- ☐ Rambling
- ☐ Rapid
- ☐ Sarcastic
- ☐ Slurred
- ☐ Spontaneous
- ☐ Variable
- ☐ Word Salad

Mood

- ☐ Unable to assess
- ☐ Anxious
- ☐ Depressed
- ☐ Dysphoric
- ☐ Euphoric
- ☐ Euthymic
- ☐ Fearful

Affect

- ☐ Unable to assess
- ☐ Angry
- ☐ Blunted
- ☐ Constricted
- ☐ Euphoric
- ☐ Flat
- ☐ Frightened
- ☐ Full Range
- ☐ Inappropriate
- ☐ Mood congruent
- ☐ Mood incongruent
- ☐ Labile
- ☐ Sad
- ☐ Silly
- ☐ Tearful
- ☐ Smiling

Concentration

- ☐ Able to concentrate
- ☐ Disorganized
- ☐ Distracted
- ☐ Limited
- ☐ Preoccupied
- ☐ Short attention span

Appearance

- ☐ Attire appropriate
- ☐ Attire inappropriate
- ☐ Casual
- ☐ Disheveled
- ☐ Eccentric
- ☐ Neat
- ☐ Unkempt
- ☐ Unremarkable
- ☐ Well groomed

Dental

- ☐ None
- ☐ Bleeding gums
- ☐ Blisters
- ☐ Broken Tooth
- ☐ Change in Taste
- ☐ Deformities
- ☐ Difficulty in Chewing
- ☐ Difficulty in Swallowing
- ☐ Drainage
- ☐ Lack of saliva/Dry mouth
- ☐ Lesions
- ☐ Locked jaw
- ☐ Masses
- ☐ Mouth Sores
- ☐ Pain
- ☐ Swelling
- ☐ Trauma

Ease of Movement

- ☐ Ambulates independently
- ☐ Full range of motion
- ☐ Gait steady
- ☐ Moves all extremities

Skin Description

- ☐ Rash
- ☐ Normal
- ☐ Blister
- ☐ Blotchy
- ☐ Burned
- ☐ Ecchymosis
- ☐ Fragile
- ☐ Hematoma
- ☐ Loose
- ☐ Mottled
- ☐ Piercings
- ☐ Sallow
- ☐ Scabs
- ☐ Scars
- ☐ Tattoos
- ☐ Unremarkable

Score _____ **A score of 8 or more, initiate Suicide Precaution until cleared by Behavioral Health.**

Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____

CHS PREA

Have you ever been a victim of sexual assault or abuse while incarcerated?

○ Yes ○ No ○ Other:

Do you consider yourself transgender or intersex?

○ Yes ○ No ○ Other:

Do you think you are at risk of sexual abuse or victimization?

○ Yes ○ No ○ Other:

Any of the above questions answered "YES", require a referral to the QMHP.

Signature: _____

Credentials: _____

Inmate Label (Downtime MRN & FIN)

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CHS Medical and Behavioral Health Summary/Disposition

Summary/Disposition

- ☐ No identified BH or Medical problems; approved for GP bed transfer
- ☐ Refer to Booking Medical Practitioner (4 hour time limit)
- ☐ Refer to Facility Medical Practitioner (48 hour Post-Booking Provider Clinic); approved for GP bed transfer
- ☐ Refer to BH QMHP (2 hour time limit)
- ☐ Refer to BH QMHP (4 hour time limit)

Inmate Label (Downtime MRN & FIN)

Signature: _____

Credentials: _____