

## Instructions for Completing the Newcomer Health Individual Health History

The Newcomer Health Individual Health History can be either self completed by a client or completed by local health department staff as part of a client interview. For individuals who do not have a caseworker who can assist with translation, health department staff should assist the client in filling out the form using a language line or health department interpreter.

1. Place a patient label in the lower right hand corner of the form.
2. Indicate the date the form was completed.
3. Indicate with an (X) whether the individual or individual's family member has/had any of the conditions listed.
4. Use the "other" boxes (#35-36) to indicate the presence of any problem/illness not listed.
5. Use the open area to the right under "Office Use Only" to indicate which family member has/had each particular illness.
6. A progress note page should be used to document specifics of any problem/illness that is/was present.
7. For women indicate G/P/A status and LMP.
8. Indicate with an (X) whether or not the individual has ever been hospitalized. List date(s) and reason(s) why.
9. Indicate with an (X) whether or not the individual drinks any alcohol, beer, wine, or liquor. Note how much the individual drinks.
10. Indicate with an (X) whether or not the individual uses any cigarettes or tobacco products. Note how much the individual uses.
11. Indicate with an (X) whether the individual has any tattoos, body art, body piercings, traditional or tribal scars or markings. Describe any body art etc. that is present.
12. List any medications the individual is taking.
13. Indicate with an (X) whether the individual uses any traditional herbs or remedies. List what the individual uses and how often.
14. Indicate the individual's country of birth and primary language.
15. Indicate the individual's current occupation or school.
16. Indicate with an (X) the type of residence in which the person lives.
17. Indicate the number of people living in the home.
18. Whoever reviews the form must sign and date it at the bottom.
19. A Newcomer Health Program Healthcare Provider Signature Sheet should be placed in the chart. Any health department personnel interacting with the patient should provide a signature, printed name, and title on this form.