Department of Corrections
WASHINGTON STATE

PATIENT NAME:	
DOC NUMBER:	DATE OF BIRTH:

INTERSYSTEM INTAKE SCREENING

INSTRUCTIONS: STAFF SHALL COMPLETE THIS SCREENING ON ALL PATIENTS ARRIVING FROM NON-DOC FACILITIES.

DATE:	RECEIVED FROM:	RECEIVING INSTITUTION:

☐ Interpreter needed - Primary language: _____

☐ Current L&I claim Claim # _____

Do you wear: If yes, explain:

Glasses	☐ No	☐ Yes	☐ On person	
Contacts	☐ No	☐ Yes	☐ On person	
Dentures	☐ No	☐ Yes	☐ On person	
Partials	☐ No	☐ Yes	☐ On person	
Artificial limbs	☐ No	☐ Yes	☐ On person	
Hearing aids	☐ No	☐ Yes	☐ On person	
Other (specify)	☐ No	☐ Yes	☐ On person	

Do you have any allergies? If yes, list types: ☐ No ☐ Yes

Are you on any type of medication, including MAT? If yes, list types and dosages: ☐ No ☐ Yes

Do you have any physical or functional limitations? If yes, explain: ☐ No ☐ Yes

Have you had a fall within the past 90 days? ☐ No ☐ Yes

Do you have a history of seizures? ☐ No ☐ Yes

Do you have a significant medical problem or history, including dental? If yes, explain: ☐ No ☐ Yes

☐ Advise sick call - PRN

Are you thinking of harming yourself or others? ☐ No ☐ Yes

Do you have a history of self-harm? ☐ No ☐ Yes

Have you ever used: If yes, explain:

Alcohol ☐ No ☐ Yes Last used ETOH: _____ Amount: _____

Drugs ☐ No ☐ Yes Last used: _____

Have you ever experienced withdrawal symptoms? Explain: _____

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INTERSYSTEM INTAKE SCREENING PAGE 2 OF 2	PATIENT NAME	DOC NUMBER	RECEPTION DATE

Hepatitis and HIV Screen

Have you ever:

Used I/V drugs	☐ No or ?	☐ Yes
If yes, Drug of choice: _____ Last used: _____		
Snorted drugs	☐ No or ?	☐ Yes
Shared needles	☐ No or ?	☐ Yes
Have you been diagnosed with Hepatitis C?	☐ No or ?	☐ Yes
Do you have a history of liver disease or Hepatitis B?	☐ No or ?	☐ Yes
Have you been diagnosed with HIV?	☐ No or ?	☐ Yes

As part of routine testing, everyone is tested for Hepatitis and HIV unless an individual declines.

☐ I would like to decline testing.

*****Notify the IPN of patients with known chronic Hepatitis B, chronic Hepatitis C, or HIV infection*****

Tuberculosis and Contagion Screen

Have you ever had a positive blood test, skin test, or PPD test for tuberculosis?	☐ No	☐ Yes
Do you currently have a cough that's lasted for more than three weeks?	☐ No	☐ Yes
Are you coughing up blood?	☐ No	☐ Yes
Do you have fever, chills, or night sweats?	☐ No	☐ Yes
Have you had unintentional weight loss?	☐ No	☐ Yes
Has any close contact, friend, or relative recently been told they have tuberculosis	☐ No	☐ Yes
Do you currently have diarrhea, or have you had it in the past few days?	☐ No	☐ Yes
Do you have pus or liquid draining from any part of your body?	☐ No	☐ Yes
Do you have a rash?	☐ No	☐ Yes

☐ Emergent referral to provider

☐ Head/Body check for lice. Results: _____

OBSERVATIONS

LEVEL OF CONSCIOUSNESS	MENTAL STATUS	BEHAVIOR	APPEARANCE	SKIN CONDITION
☐ Alert	☐ Oriented x 3	☐ Cooperative	☐ Relaxed	☐ Unremarkable
☐ Drowsy	☐ Normal Affect	☐ Passive	☐ Clean & Neat	☐ Bruises
☐ Confused	☐ Flat Affect	☐ Evasive	☐ Disheveled	☐ Breaks in Skin
☐ Agitated	☐ Elated	☐ Demanding	☐ Dirty	☐ Jaundice
	☐ Fearful	☐ Angry	☐ Tremulous	☐ Diaphoretic
GAIT	☐ Hypervigilant	☐ Threatening	☐ Deformity	☐ Track Marks
☐ Normal	☐ Hallucinating	☐ Combative	☐ Appears intoxicated	☐ Scars
☐ Unsteady	☐ Delusional	☐ Slurred Speech	☐ Odor of ETOH	☐ Infestations
☐ Limping	☐ Incoherent	☐ Tearful	☐ Self-Inflicted Injury	☐ Skin Infections
☐ Other:		☐ Other:	☐ Other:	☐ Other:

☐ **Prosthesis, Orthotics, or Special Equipment Needs:**

FEMALES ONLY

Are you now or do you suspect you are pregnant? ☐ No ☐ Yes

If yes, explain: _____ LMP: _____

≷ If patient has an emergent medical, dental, or mental health complaint, refer to appropriate provider immediately. ≷

Disposition: ☐ General Population ☐ Referred to: _____ ☐ **EMERGENT REFERRAL**

☐ Cleared for kitchen duty

COMPLETED BY (signature and stamp)	DATE/TIME