

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
HEALTH SCREENING FOR RECEPTION/CLASSIFICATION

INMATE NAME _____ DOB _____ DIN _____

FACILITY _____ DATE OF ASSESSMENT _____ ALLERGIES _____

GENERAL HEALTH (A): INQUIRY & RESPONSE FROM THE INMATE	Yes	No	Comments
Do you have a history of Infectious Disease, such as TB, Hepatitis, HIV, or venereal disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had chicken pox?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you presently have:			
Cough/Sputum	<input type="checkbox"/>	<input type="checkbox"/>	
Blood in the sputum	<input type="checkbox"/>	<input type="checkbox"/>	
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	
Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current health problem or complaint?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any medications?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a possibility that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current dental problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you want an HIV Test?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current advanced directive? (for example: DNR, Health Care Proxy etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
If no, would you like more information?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently, or have you been, under care for Gender Dysphoria/ Gender Identity Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	If response is Yes, confirm diagnosis on problem list
Are you currently, or have you been, under care for an intersex medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL HEALTH (B): OBSERVATION OF GENERAL HEALTH	Yes	No	Comments
Does the inmate have tremors?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any body deformities or amputations?	<input type="checkbox"/>	<input type="checkbox"/>	
Can inmate ambulate without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
Is their skin color/turgor good?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any lesions or rashes?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any bruises or evidence of trauma?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any recent tattoos?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any needle marks?	<input type="checkbox"/>	<input type="checkbox"/>	

INMATE NAME (Please Print) _____

DOB _____

DIN _____

PREA (PRISON RAPE ELIMINATION ACT) Instructions

For any question with a **YES** response marked with ***:

- notify the Watch Commander Immediately.
- refer to Health Services Policy 1.60 and 1.12B and take appropriate action.
- use this form to submit a regular referral to Mental Health; if there is imminent risk for self harm or injury to others, use this form to make an immediate referral to Mental Health and place on suicide watch.

PREA: INQUIRY & RESPONSE FROM THE INMATE	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Have you been sexually abused or victimized?	<input type="checkbox"/>	<input type="checkbox"/>	
- Obtain informed consent from the inmate before reporting information about prior sexual victimization <u>that did not occur in an institutional setting</u> , unless the inmate is under the age of 18. - If consent is provided, report this information to your facility's designated PREA Compliance Manager. This information will be used when assessing the inmate's risk of being sexually abused by other inmates. Make notation in comments section.			
If Yes, have you been sexually abused or victimized while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	***
Have you been forced, extorted or solicited to have sex in exchange for something while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	***
Have you been approached to have sex with a staff person while incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	***

Mental Health Instructions:

- For any response in a section marked with ***, appropriate action must be taken as noted in each question (As determined by the Watch Commander.)
- Notify the Watch Commander whenever an immediate referral is made.
- If there is imminent risk for self harm or injury to others, notify Mental Health immediately and place on suicide watch.

MENTAL HEALTH (A): INQUIRY & RESPONSE FROM THE INMATE	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Comments</u>
1. Do you have a history of Mental Health Treatment? (Inpatient/Outpatient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were you ever prescribed mental health medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you a current mental health patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a current mental health complaint? "Yes" - REGULAR REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you take any mental health medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you feel you have anything to look forward to in the future? "No" or "Refused" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***
7. Do you want to hurt yourself? "Yes" or "Refused" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***
8. Do you want to hurt someone else? "Yes" or "Refused" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***
9. Have you attempted suicide? "Yes" or "Refused" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***
10. Have you been thinking about suicide? "Yes" or "Refused" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	***

MENTAL HEALTH (B): OBSERVATION OF MENTAL HEALTH	<u>Yes</u>	<u>No</u>	<u>Comments</u>
11. Inmate has visible scars/marks of self-mutilation. "Yes" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	***
12. Is inmate's appearance and grooming acceptable? "No" - REGULAR REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does inmate appear anxious? "Yes" - REGULAR REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is inmate oriented to time, place and person? "No" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	***
15. Does inmate exhibit aggressive behavior? "Yes" - REGULAR REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is inmate acting and/or talking in a strange manner? (e.g., cannot focus attention, hearing or seeing things which are not there) "Yes" - IMMEDIATE REFERRAL & Assess and Consult with Watch Commander to determine appropriate action	<input type="checkbox"/>	<input type="checkbox"/>	***

