

FOLLOW-UP A & R INTAKE ASSESSMENT

Subjective Data:

Allergies: _____

Current problems: (list) _____

Has your condition improved, deteriorated, or remained the same since you last saw the medical provider?

N/A improved deteriorated remained the same

Current medication(s): _____

Are you experiencing any problems with your current medications?

N/A Yes No If "Yes" Explain: _____

Are you experiencing any new medical/dental/optometric/mental health problems since arriving to the facility?

Yes No If "Yes" Explain: _____

ODOC offers the Hepatitis B vaccine for free, however if you are 23 years old or younger, been in the military or had the Hepatitis B vaccine in the past you do not need to repeat the vaccine.

Would you like the Hepatitis B vaccine? Yes No If "Yes", the offender must sign the Hepatitis B Vaccine consent form and the Hepatitis B vaccine administration must be documented in the Vital Signs.

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ FSBS _____ O₂ sats. _____

If the offender is experiencing any new medical/dental/optometric/mental health problems or deteriorating conditions since arriving to facility refer to appropriate Nursing Protocol or Referral to Medical Provider.

- Complains of deteriorating condition
- Presence of abnormal findings
- Complains of severe pain
- Unexplained clinical abnormalities
- Abnormal vital signs, Temp >101, Pulse > 100 or < 50, Appears in acute distress
- Persistent or progressively worse symptoms

Assessment:

- Ability to comply with medication and treatment regimen
- Inability to comply with medication and treatment regimen

Nursing Intervention:

- Requires referral to medical/dental/optometric/mental health provider
- Requires further nursing evaluation - Nursing Protocol
- No unexplained clinical abnormalities, signs and symptoms of illness, follow-up sick call PRN

Progress Note: _____

Offender Education:

- Instructed offender to follow-up sick call if experiencing any signs and symptoms that warrant treatment, sick call process and medication refills. Offender verbalizes understanding of instructions.

QHCP Signature/Credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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