

2015 Ottawa Syrian Refugee Template
Initial Intake Assessment: School-Aged Child Version

First Name: _____ Last Name: _____

Preferred Name: _____ Date: _____

☐ Female ☐ Male ☐ Other _____ Date of birth (YYYY/MM/DD) ____/____/____

Country of Origin: _____ Ethnicity: _____ Date of Arrival in Canada: _____

Countries migrated through: _____

Duration since first displaced internally _____ Duration since first displaced internationally _____

Ever lived in a refugee camp: ☐ Yes ☐ No

Languages Spoken: ☐ Eng ☐ Fr ☐ Arabic ☐ Kurdish ☐ Armenian ☐ Turkish ☐ Other

Status in Canada: ☐ GAR ☐ PSR ☐ BVOR ☐ Claimant ☐ New Immigrant ☐ Undocumented

Family Supports: _____ Settlement Worker/Agency: _____

Vital Signs Ht: for age ____% Wt: for age ____% HC: for age ____%
 BP: HR: RR: O2 sat:

Parent Identified Health Concerns:

Note: For symptomatic children see Caring for Kids New to Canada, Medical Problems: A Tool for Differential Diagnosis
<http://www.kidsnewtocanada.ca/signs-and-symptoms/signs-and-symptoms>

Current Medical History:

| Medical condition | Date of diagnosis | Comments |
|-------------------|-------------------|----------|
| | | |
| | | |
| | | |

Past Medical History: (including surgical and mental health history)

Hospitalizations: ☐ Yes ☐ No Explain: _____

| Medical condition | Date of diagnosis | Comments |
|-------------------|-------------------|----------|
| | | |
| | | |
| | | |

Pregnancy & Birth Hx:

- gestational age? birthweight? complications at birth?

Developmental History:

First walked at age: _____ First words at age: _____

Last schooling: (*setting, location, level attained*)

Previous concerns at home/school?

Behavioural issues:

- Able to sit still/follow instructions at home/at school?
- Redirection needed frequently?
- Signs of self-injury?
- Aggression towards others?

Sleep:

- Nocturesis/encopresis?
- Nightmares?

Appetite/Eating Habits:

Toileting:

Note: Refer to "RED FLAGS" checklist if any concerns. Screening for trauma is not recommended, however care providers should be alert to age-specific symptoms of trauma such as disturbed sleep, separation anxiety, toileting problems and behavioural difficulties. Please refer to the attached mental health handout for where to seek additional resources and supports if concerns are identified..

Medications

| Name | Indication | Dose | Date started | Discontinued |
|------|------------|------|--------------|--------------|
| | | | | |
| | | | | |

Allergies:

* No known drug allergies ☐ *

Immunizations:

☐ Complete records (see attached) ☐ Uncertain or absent records

*Note: If uncertain or absence patient requires full catch-up series. See Publically funded Ontario Immunization Schedules for age appropriate catch-up schedule. If >13 yrs test varicella serology prior to vaccinating. If <13 years vaccinate for varicella without serology testing.
Other resources: <http://www.kidsnewtocanada.ca/screening/immunizations>*

Family History:**Physical Exam:**

| | | |
|---|---|---|
| General appearance: Nutritional status Dysmorphic facial features Appropriate clothing Speech fluency Eye contact | Head & Neck: Hearing Visual acuity Dental exam Lymphadenopathy | Skin: Presence of Lice or Scabies Scars/Skin Lesions |
| Chest & Abdo: Wheezing Work of Breathing Murmur Organomegaly | Neuro & MSK: Reflexes Limb movements symmetrical Spine Extremities | Genitourinary exam: Normal genitalia |

Note: For dentists in Ottawa accepting refugee patients: <http://canadiandentistsforrefugees.net/patients/>

Screening Investigations:**All:**

- ☐ CBC + Diff
- ☐ Hep B Surface Antigen, Surface Antibody, Core Antibody
- ☐ Strongyloides stercoralis IgG
- ☐ G6PD

Consider:

- | | |
|--|--|
| <input type="checkbox"/> LFTs | <input type="checkbox"/> TSH/T4 |
| <input type="checkbox"/> Hemoglobin electrophoresis | <input type="checkbox"/> Fe/Ferritin |
| <input type="checkbox"/> Serology for Varicella if ≥ 13 yrs | <input type="checkbox"/> Vit D, Lead |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Stool O+P x 2 (if chronic diarrhea or stunting/wasting) |
| <input type="checkbox"/> VDRL if ≥ 15 or suspect sexual assault or congenital infection | |
| <input type="checkbox"/> HCV RNA if > 16 yrs | |
| <input type="checkbox"/> Hep A IgG | |
| <input type="checkbox"/> BUN, Cr | |

Note:

If serology indicates non immune for Varicella or Hep B please ensure they are vaccinated at a follow-up appointment and this is documented

Issues and Plan:

- ☐ Referral to community agency: _____
- ☐ How to access health system/clinic

Note: For subsequent visits, refer to: <http://www.kidsnewtocanada.ca/e-checklist>

Thank you for the future care of this patient. Should you have any questions feel free to contact the hub where this screening was done or physician experts using the e-consult service under the service category of “refugee and immigrant health”. To access e-consult in the Champlain LHIN please contact econsultsupport@lhinworks.on.ca.

Completed BY:

Name: _____ Phone # _____

Date: _____

References & Resources:

CCIRH e-checklist http://www.ccirhken.ca/ccirh/checklist_website/index.html

CMAJ 2015: Caring for a Syrian Family <http://www.cmaj.ca/site/misc/caring-for-a-newly-arrived-syrian-refugee-family-cmaj.151422.xhtml>

Caring for Kids New to Canada <http://www.kidsnewtocanada.ca/>

National Advisory Committee on Immunizations <http://www.phac-aspc.gc.ca/naci-ccni/>

Ontario Immunization Schedule <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Refugee613 <http://www.refugee613.ca/>

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