



Correctional Health Services Receiving Screening (English/Spanish)

Last Name/Apellido	First/Primer Nombre	Middle/Segundo Nombre	Suffix	Organ Donor Y / N

Home Address/Dirección	City	Zip Code	Home Phone No/Telefono

Social Security No/Numero de Seguro Social

Race/Raza	Sex/Sexo	Height/Altura	Weight/Peso	Hair/Pelo	Eyes/Ojos	Age/Edad	D.O.B/ Fecha de Nacimiento	Place of Birth(State) Lugar de Nacimiento (Estado)

Emergency Contact / Contacto por Emergencia	Relation / Relación	Contact Number / Numero de Contacto

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- 1.0 Have you received medical treatment since your arrest? (Ha recibido tratamiento médico desde su arresto) Y/Si N
- 1.1 What medical treatment (Que tipo de tratamiento)? _____ Y/Si N
- 2.0 Are you presently taking prescription medications or have any medication with you? (Usted está tomando algún medicamento recetado o tiene algún medicamento con usted) Y/Si N
- 2.1 What medications (Qué medicamentos)? _____
- 2.2 Pharmacy/location (Farmacia/Lugar): _____
- 3.0 Are you allergic to anything (Tiene usted algún tipo de alergia)? Y/Si N
- 3.1 Allergic to what (Alérgico a qué)? _____
- 4.0 Have you ever served in the U.S. Military (Alguna vez ha servido en el Servicio Militar)? Y/Si N
- 5.0 Have you been in or around combat situations? (Usted ha participado o ha estado en una situación de combate) Y/Si N
- 6.0 Do you have Health Insurance (Tiene usted seguro médico)? Y/Si N
- 6.1 What insurance (Que tipo de seguro)? _____
- 6.2 Where do you get health care; Physicians office, Clinic, VA, PIMC? (Donde usted recibe tratamiento médico; Oficina del Doctor, Clínica, VA, PIMC)

Do you have any of the following? (Usted tiene algo de lo siguiente?)

- 7.0 Diabetes (Diabetes)? Y/Si N
- 8.0 Seizures (Convulsiones)? Y/Si N

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- 9.0 Heart disease (Enfermedades del Corazón)? Y/Si N
- 10.0 High blood pressure (Presión alta)? Y/Si N
- 11.0 Asthma (Asma)? Y/Si N
- 12.0 Lung problems (Problema de los pulmones)? Y/Si N
- 13.0 Open sores/lice (Heridas abiertas/liendres)? Y/Si N
- 14.0 Liver problems (Problemas del hígado)? Y/Si N
- 15.0 Hepatitis (Hepatitis)? Y/Si N
- 16.0 Head injury (Alguna lesión en la cabeza)? Y/Si N
- 16.1 What/When (Qué/Cuando)? _____

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- 17.0 Eye/vision problems (Problemas de los ojos/de visión)? Y/Si N
- 18.0 Dental problems (Problemas dental)? Y/Si N
- 18.1 What dental problems (Qué problemas dental)? _____
- 19.0 Ear/hearing problems (Problemas de oído/audición)? Y/Si N
- 20.0 Bladder/kidney problems (Problemas de los riñones/ vejiga)? Y/Si N
- 21.0 Stomach/intestinal problems (Problemas del estomago/intestinos)? Y/Si N
- 22.0 Joint/Muscle/Bone problems (Problemas con ligamentos/músculos/huesos)? Y/Si N



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Do you require? (Usted lo requiere?)

23.0 Special diet/Type (Dieta especial/Tipo)? _____ Y/Si N

24.0 Special assistance (Asistencia especial)? _____ Y/Si N

25.0 Prosthesis (Prótesis)? _____ Y/Si N

26.0 Wheelchair (Silla de ruedas)? _____ Y/Si N

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27.0 Any other medical conditions (Alguna otra condición médica)? _____ Y/Si N

27.1 What (Que)? _____

28.0 Do you think you have a contagious disease? _____ Y/Si N
(Usted piensa que tiene alguna enfermedad contagiosa)

28.1 What (Que)? _____

29.0 Have you had a positive TB skin test or been told you have tuberculosis? _____ Y/Si N
(Usted ha tenido resultado positivo en la prueba de Tuberculosis o le han dicho que tiene Tuberculosis)

Comment (Comentario): _____

Do you have any of the following? (Usted tiene algo de lo siguiente?)

30.0 Chronic cough (Tos crónica)? _____ Y/Si N

31.0 Weight loss (Pérdida de peso)? _____ Y/Si N

32.0 Fatigue (Fatiga)? _____ Y/Si N

33.0 Night sweats (Sudores nocturnos)? _____ Y/Si N

34.0 Cough up blood (Tose con sangre)? _____ Y/Si N

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35.0 Fever (Fiebre)? _____ Y/Si N

36.0 Do you have HIV/AIDS (Tiene usted VIH/SIDA)? _____ Y/Si N

37.0 Have you been told you have Alzheimer's or Dementia? _____ Y/Si N
(Le han dicho que tiene Alzheimer o Demencia)

38.0 Are you pregnant (Esta embarazada)? _____ Y/Si N

39.0 Do you have female problems (Tiene problemas femeninos)? _____ Y/Si N

39.2 Date of last menstrual period (Fecha de su último periodo menstrual): _____

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40.0 Had surgery, injury or hospitalized within the past year? _____ Y/Si N
(Durante el último año ha sido hospitalizado/a o ha tenido alguna cirugía)

40.1 What (Que)? _____

41.0 Have you ever been victimized (Alguna vez ha sido tratado/a injustamente)? _____ Y/Si N

42.0 Have you ever been sexually assaulted (Alguna vez has sido asaltado/a sexualmente)? _____ Y/Si N

43.0 Do you want to talk to someone about having been assaulted or victimized? _____ Y/Si N
(Quiere hablar con alguien acerca de haber sido asaltado/a o tratado/a injustamente)

44.0 Received help from Department of Developmental Disabilities (DDD)? _____ Y/Si N
(Recibió ayuda del Departamento de Discapacidades del Desarrollo (DDD))

45.0 Difficulties learning or ever in special education classes? _____ Y/Si N
(Tiene dificultades de aprendizaje o ha estado en clases de educación especial)

46.0 Ever have or do you have a guardian now (Alguna vez ha tenido o tiene un tutor)? _____ Y/Si N

47.0 Do you use tobacco (Usa usted tabaco)? Amount per day (Cantidad al día): _____ Y/Si N

48.0 Do you use street drugs (Usa drogas de la calle)? _____ Y/Si N

48.1 Date/time last used street drugs (Fecha/hora que uso por última vez drogas de la calle)? _____

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49.0 Do you abuse prescription drugs (Usted abusa de drogas recetadas)? _____ Y/Si N

50.0 Do you share needles (Usted comparte agujas)? _____ Y/Si N

51.0 Will you have drug withdrawal (Se ha retirado de las drogas)? _____ Y/Si N

52.0 Do you drink alcohol daily (Toma alcohol diariamente)? _____ Y/Si N

52.1 Date/time last drink (Fecha/hora que tomo por última vez): _____

53.0 Have you ever felt you should cut down on your drinking? _____ Y/Si N



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- (Alguna vez ha sentido que debe de cortar la bebida)
- 54.0 Have people annoyed you by criticizing your drinking? Y/Si N
(Le molesta que la gente le critique por su bebida)
- 55.0 Have you ever felt bad or guilty about your drinking? Y/Si N
(Se ha sentido mal o culpable por causa de su bebida)
- 56.0 Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover/eyeopener? (Alguna vez ha tomado un trago en la mañana para calmar los nervios o para librarse de una resaca) Y/Si N
- 57.0 Have you had alcoholic seizures or DTs (Ha tenido convulsiones alcohólicas o delirios)? Y/Si N
- 58.0 Have you ever been hospitalized for alcohol or drug withdrawal? Y/Si N
(Alguna vez ha sido hospitalizado por convulsiones debido al alcohol o drogas)
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- 59.0 Have you ever attempted suicide (Alguna vez ha intentado suicidarse)? Y/Si N
- 59.1 When/How (Cuando/Como)? _____
- 60.0 Are you thinking of hurting yourself/suicidal (Esta pensando en hacerse daño/suicidarse)? Y/Si N
- 60.1 Plan (Cuál es su Plan): _____
- 61.0 Has anyone in you family attempted or committed suicide? Y/Si N
(Alguien en su familia ha tentado o cometido suicidio)
- 62.0 Have you ever been designated as Seriously Mentally Ill (SMI)? Y/Si N
(Alguna vez ha sido designado con Severa Enfermedad Mental (SMI))
- 63.0 Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head (Usted cree que alguien esta controlando su mente y poniendo o quitando pensamientos dentro de su cabeza)? Y/Si N
- 64.0 Do you currently feel that other people know your thoughts and can read your mind? Y/Si N
(En este momento usted siente que otras personas conocen sus pensamientos y pueden leer su mente)
- 65.0 Have you currently lost or gained as much as two pounds a week for several weeks without even trying (Actualmente usted ha bajado o subido de peso, dos o más libras en una semana por varias semanas sin tratar)? Y/Si N
- 66.0 Have you or your family or friends noticed that you are currently much more active than you usually are (Usted o alguien en su familia se han dado cuenta que actualmente usted se encuentra mas activo que de costumbre)? Y/Si N
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- 67.0 Do you currently feel like you have to talk or move more slowly than you usually do? Y/Si N
(Actualmente usted se siente que habla o se mueve más despacio que de costumbre)
- 68.0 Have there currently been a few weeks when you felt like you were useless or sinful? Y/Si N
(Actualmente se ha sentido por varias semanas como si fuera inútil o en perdición)
- 69.0 Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems (Actualmente está tomando medicamentos que fueron recetados por su médico para problemas mentales o emocionales)? Y/Si N
- 70.0 Have you ever been in a hospital for emotional or mental health problems? Y/Si N
(Alguna vez ha estado en el hospital por alguna enfermedad mental)
- 71.0 Have you been treated for mental illness (Ha sido tratado por alguna enfermedad mental)? Y/Si N
- 71.1 When/what for (Cuando/Qué tipo)? _____
- 72.0 Do you have a case manager (Tiene usted un/a trabajador/a social)? Y/Si N
- 72.1 Case Manager's name and clinic (Nombre de su trabajador/a social y clínica)? _____
- 73.0 Have you ever been charged with a sex crime? Y/Si N
(Alguna vez ha sido acusado de un delito sexual)
- 74.0 Use physical force to get what you want or when angry? Y/Si N
(Usted utiliza fuerza física para obtener lo que desea cuando está enojado)
- 75.0 Have you ever been charged with a violent crime? Y/Si N
(Alguna vez ha sido acusado de un delito violento)