

New Arrival Assessment

Patient

Name: _____
Address: _____

Telephone: _____

Client ID: _____
Date of Birth: _____

Mobile Tel.: _____

Done By

Name: _____

Date: _____

Consent

New Arrival Assessment

Explain to the patient that the purpose of the interview is to gain a brief medical and psychiatric history and will help to provide medical care as required.

Please ask the patient for their permission to access and use their medical information within Healthcare's Duty of Care and for audit purpose to help plan and provide services.


*New Admission or Transfer from other Prison?
Tick one


- ☐ Admission to establishment (XaAMo)
☐ Transfer moved in (Y3424)

*Consent Given?
Tick one

- ☐ Patient consented to sharing of information (Y3358)
☐ Patient consented to sharing of information: no (Y09da)

You need to do BOTH Covid-19 Templates below


COVID Reception Questio...


IRC Covid - 19 Vaccination Status

**You also need to ask these
questions re vaccination status**

New Arrival Assessment

Patient

Name: _____

Client ID: _____

Patient Status Information

Main spoken language

Speaks English well

☐

Country of birth

Speaks English poorly

☐

Religious affiliation

☐ if Yes

Was telephone translation service used

☐

NB: Please document the ID number



Record New Address

GP practice address if known

Reasons for patient to see the doctor

Patient category - Male/Female

Tick one

☐ Male (X768D)

☐ Female (X768C)

☐ Young offender (Xablx)

☐ Client declined to answer (Y0abf)

Medical / Psychiatric report required

Tick one

☐ Medical/psychiatric report required (YX001)

☐ Medical/psychiatric report not required: no (Y09cb)

Health Information received from another centre

Tick one

☐ Health information received from outside source (YX002)

☐ Health information not received from outside source: no (Y09cc)

Patient sexual orientation

Tick one

☐ Heterosexual (X766q)

☐ Homosexual (E220.)

☐ Bisexual (X766r)

☐ Sexual orientation not given - patient refused (XaWSA)

Is Patient currently pregnant

☐

Fetal gestational age

Weeks



Ante-Natal

Date of last menstrual period

DD / MM / YY

☐ if Yes

Patient has been homeless in past year

☐

Patient has been in prison/IRC before

☐

Is patient fit to attend gym

☐

NB: Only tick if patient is fit to attend gym

Outstanding Appointment Information

*Any outstanding external hospital appointments?

Tick one

☐ Prisoner has outstanding hospital or doctors appointment (YX006)

☐ Has no outstanding hospital/ Doctors appointments (Y07f8)

New Arrival Assessment

Patient

Name: _____

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Past Medical History

Past Medical History - Any of the below?

☐ if Yes

Asthma (Ongoing Episode)

☐

DD / MM / YY

Diabetes (Ongoing Episode)

☐

DD / MM / YY

Epilepsy (Ongoing Episode)

☐

DD / MM / YY

Heart disease NOS (Ongoing Episode)

☐

DD / MM / YY

Hypertension (Ongoing Episode)

☐

DD / MM / YY

Psychotic disorder (Ongoing Episode)

☐

DD / MM / YY

Chronic kidney disease stage 3 (Ongoing Episode)

☐

DD / MM / YY

Ischaemic heart disease (Ongoing Episode)

☐

DD / MM / YY

Chronic obstructive lung disease (Ongoing Episode)

☐

DD / MM / YY

Cerebrovascular disease (Ongoing Episode)

☐

DD / MM / YY

Left ventricular systolic dysfunction (Ongoing Episode)

☐

DD / MM / YY

Specific learning disability (Ongoing Episode)

☐

DD / MM / YY

*History of Chicken Pox

Tick any

☐ H/O: chickenpox (141A.)

☐ Unknown (X90UG)

☐ if Yes

Dementia (Ongoing Episode)

☐

DD / MM / YY

Palliative care (Ongoing Episode)

☐

DD / MM / YY

Hyperglycaemia (Ongoing Episode)

☐

DD / MM / YY

Atrial fibrillation (Ongoing Episode)

☐

DD / MM / YY

Malignant tumour (Ongoing Episode)

☐

DD / MM / YY

Depressive disorder (Ongoing Episode)

☐

DD / MM / YY

*Tuberculosis screening

☐

Had contact with or exposure to TB

☐

Previously had TB?

☐

Possible symptoms

Tick any

☐ Persistent cough (Xa2kc)

☐ Night sweats (X76A5)

☐ Unexplained weight loss (XaQgK)

☐ Blood in sputum - haemoptysis (XE0qp)

*Screening Outcome

Tick one

☐ Standard chest X-ray requested (5351.)

☐ Referral to GP (8H62.)

☐ No further action required (Y0488)

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Current Condition

Current Condition

☐ if Yes

Chest Pain

☐

DD / MM / YY

[D]Shortness of breath

☐

DD / MM / YY

Weight loss

☐

DD / MM / YY

Cough

☐

DD / MM / YY

Scalding pain on urination

☐

DD / MM / YY

Vomiting

☐

DD / MM / YY

Diarrhoea

☐

DD / MM / YY

Constipation

☐

DD / MM / YY

Observation of appearance of skin

Fit for normal location, work, and cell occupancy
Tick one

☐

Fit for normal location, work and any cell occupancy (YX035)

☐

Not fit for normal location, work and any cell occupancy (Y0b8b)

Health observations about the physical appearance

Patient have any concerns over their physical health

☐

Disability

*Disability

Tick one

☐

No current problems or disability (1152.)

☐

Disability (13VC.)

Disability - Type (Ongoing Episo...

Tick one

☐

Impaired vision (XE16L)

☐

Hearing difficulty (1C12.)

☐

Physical disability (Ub0in)

☐

Disability Questionnaire - Progressive Conditions and Physical Health (Y130b)

☐

NDTMS - Learning disability (Y179a)

☐

Reduced mobility (Ua1nH)

☐

Mental health disorder (E....)

☐

[D]Dyslexia (R0463)

☐

[V]Disfigurements of limbs (ZV494)

☐

Speech impairment (Ub0hp)

☐

Diabetes mellitus (C10..)

Past Life Experiences

Please ask these questions

☐ if Yes

Saw war service

☐

DD / MM / YY

*Victim of Torture

Tick one

☐

[V]Victim of torture (XaLQe)

☐

Never (Y4062)

Rule 35 Appointment Booked For Doctor

☐

DD / MM / YY

New Arrival Assessment

Patient

Name: _____

Client ID: _____

Mental Health

Mental Health

Emotional state observations

Suicide

Tick any

☐ No suicidal thoughts (XaIJ7)

☐ Suicidal thoughts (1BD1.)

Self Harm

Tick any

☐ No thoughts of deliberate self harm (Xaluw)

☐ Thoughts of deliberate self harm (Xalux)

Has patient tried to harm themselves in prison

Tick one

☐ Prisoner has tried to harm themselves (in prison) (YX020)

☐ Prisoner has not tried to harm themselves (in prison) (Y09f9)

Has patient tried to harm themselves (outside)

Tick one

☐ Prisoner has tried to harm themselves (outside prison) (YX021)

☐ Prisoner has not tried to harm themselves (outside prison) (Y09fa)

Impressions of the behaviour and mental state

Has patient received Psychiatrist treatment

Tick one

☐ Prisoner has received treatment from a psychiatrist outside prison (YX016)

☐ Prisoner has not received treatment from a psychiatrist outside prison: no (Y09ce)

Has patient stayed in a psychiatric hospital

Tick one

☐ Prisoner has stayed in a psychiatric hospital (YX017)

☐ Has not stayed in a psychiatric hospital (Y08e2)

Has patient a Psychiatric Nurse or Care Worker

Tick one

☐ Prisoner has a psychiatric nurse or care worker in the community (YX018)

☐ Prisoner has a psychiatric nurse or care worker in the community : no (Y09d1)

Has patient received medication for Mental Health

Tick one

☐ Prisoner has received medication for mental health problems (YX019)

☐ Has not received medication for mental health problems (Y08e6)

Health Information thinks is important

Reasons to see the doctor

Specific learning disability

☐

Mental Health Referral

 New Letter

Learning Disability Referral

 New Letter

New Arrival Assessment


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Client ID: _____

Substance Misuse / Smoking

Substance Misuse

 NCTS - Alcohol Audit-PC

☐ if Yes

Drug overdose - If so when?

☐

Has used drugs in the last month - What Drug?

☐

Does the patient have a history of IV drug use

☐

Does the patient have a history of drug abuse

☐


Indication of drug use

Problem drug user

Record urine drug levels

 Drug Urine Levels Screening

Record urinalysis

 Urinalysis

*Current Smoking Status

Tick one

- ☐ Smoker (137R.)
- ☐ User of electronic cigarette (XaaNL)
- ☐ Non-smoker (Ub0oq)
- ☐ Ex-smoker (Ub1na)
- ☐ Never smoked tobacco (XE0oh)

*Smoking Cessation Status

Tick one

- ☐ Smoking cessation advice (Ua1Nz)
- ☐ Nicotine replacement therapy using nicotine lozenges (XaMIM)
- ☐ Nicotine replacement therapy using nicotine patches (XaMIJ)
- ☐ Nothing at all (X80wG)


Smoking Cessation Referral

 New Letter

Referral to smoking cessation advisor

☐

If patient is identified as having a Drug Misuse issue, please complete this template

 SMS - Drug Assessment (2020)

PLEASE REMEMBER TO COMPLETE THE SUBSTANCE MISUSE COMPACT

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Patient

Name: _____

Client ID: _____

IP Med Status

In Possession Medication Status

1) Please complete the below Risk Assessment

2) Please complete the below Risk Assessment and record an In Possession status depending on the outcome of the Assessment you have just carried out

In addition, on presentation and throughout the reception screening process was there any indication to suggest that this patient is not suitable for IP medication as per the IP Policy?



NCTS Medication Status & IPRA

BBV

BBV Screening

Please ensure you carry out the BBV Test - If the patient declines this should be document.
If the patient does not decline then this MUST be completed.

*Chlamydia test offered

☐

*Chlamydia Screening
Tick one

- ☐ Chlamydia screening declined (XaJdS)
- ☐ Chlamydia trachomatis screening (XaPwu)

*Hepatitis B screening offered

☐

*Hep B Screening
Tick one

- ☐ Hepatitis B immunisation declined (XaLIH)
- ☐ Hepatitis B screening test (XaEXZ)

*Hepatitis C screening offered

☐

*Hep C Screening
Tick one

- ☐ Hepatitis C screening declined (XaLNE)
- ☐ Hepatitis C screening (XaJh4)

*HIV test offered

☐

*HIV Screening
Tick one

- ☐ HIV screening declined (XaLI7)
- ☐ HIV screening test (Xalon)

Syphilis screening offered

☐

Syphilis Screening
Tick one

- ☐ Syphilis screening declined (XaLNB)
- ☐ Syphilis titre test NOS (XE24z)

IF YOU DO A DBST - YOU MUST COMPLETE THIS TEMPLATE =>



BBV Dry Blood Spot Testing

New Arrival Assessment

Patient

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Client ID: _____

Planned Action

☐ if Yes

Is Hepatitis B immunisation required

☐

Health care services information leaflet given

☐

No immediate action required

☐

Refer to doctor Re: patients physical health

☐

Refer to doctor Re: substance use

☐

Refer to doctor at patient's request

☐

Refer to Nurse Clinic

☐

Refer to drugs service

☐

Referral to drug abuse counsellor

☐

Refer for mental health assessment

☐

Open ACDT

☐

Other referral

☐

Have the following vaccinations been given?

☐ if Yes

MMR vaccination

☐

Meningitis vaccination

☐

BCG vaccination

☐

Part way through vaccination course

☐

**ONLY TICK THE BOX IF YOU HAVE GIVEN THE
VACCINATION AT TIME OF ASSESSMENT**

**NB: If part way through course of vaccinations please
document which vaccinations in free text box?**

New Arrival Assessment

Patient

Name: _____

Client ID: _____

Lifestyle

Lifestyle

BP

/ mmHg

Pulse rate

bpm

O/E - temperature

degC

Blood oxygen saturation (calculated)

%

Height

m

Weight

Kg



BMI Calculator...



Record Allergy or Sensitivity

Learning Disabilities

Ability to tell the time
Tick any

- ☐ Able to tell the time (Xa3BE)
- ☐ Unable to tell the time (Xa3BD)
- ☐ Difficulty telling the time (Xa3BA)

*Ability to Read
Tick any

- ☐ Able to read (XaBme)
- ☐ Unable to read (XaBmf)
- ☐ Difficulty reading (XaBmg)

*Ability to Write
Tick any

- ☐ Illegible writing (XaQGD)
- ☐ Able to write (XaAzO)
- ☐ Unable to write (XaAzP)
- ☐ Difficulty writing (XaAzQ)

*Educated:
Tick any

- ☐ Educated at mainstream school (Ua0SC)
- ☐ Educated at special needs school (Ua0SG)
- ☐ Intentional non-attendance at school (X7667)

Please inform the patient that they should attend the GP clinic the following day an appointment.

Inform the patient to come to the healthcare clinic if they have any health related issues.

Seen by learning disability team previously

☐

Please tick BOTH of the below boxes, as this template covers 1st and 2nd reception screenings.

*Arrival health assessment completed

☐

*Second Reception Screening completed

☐