**INITIAL MIGRATION HEALTH ASSESSMENT (AGE 0-11 YEARS)**

@NAME@ is a @Age@ @SEX@ {Migrant type:27157} from \*\*\* born in \*\*\* arrived from \*\*\* with past medical history significant for \*\*\* who presents for Domestic Medical Exam. They are accompanied by their {FAMILY MEMBERS:20::"interpreter"}.

**Top Concerns Today:**

1. \*\*\*
2. \*\*\*

**Migration History:**

Overseas Medical Exam: {reviewed or not:27747}

{Use .migrationhistory in the Social History section; then delete this instruction}

@socdoc@

**Past Medical History:**

Birth History: Born at \*\*\* weeks in a \*\* setting with \*\*\* complications.

Hospitalization: {Yes - \*\*\* No N/A:30467::"No"}

Surgery: {Yes- \*\*\* No N/A:30467}

Circumcision: {Yes- \*\*\* No N/A:30467}

Transfusion: {Yes- \*\*\* No N/A:30467}

Specialists: {Yes- \*\*\* No N/A:30467}

Accidents/Injuries: {Yes- \*\*\* No N/A:30467}

Significant Infections: {Yes- \*\*\* No N/A:30467}

Oral Health Problems: {Yes- \*\*\* No N/A:30467}

Malnutrition: {Yes- \*\*\* No N/A:30467}

Behavior/Developmental Concerns: {Yes- \*\*\* No N/A:30467}

Mental Health Concerns: {Yes- \*\*\* No N/A:30467}

**Review of Systems:**

Fever: {Yes- \*\*\* No N/A:30467}

Weight Loss or Failure to Thrive: {Yes- \*\*\* No N/A:30467}

Cough: {Yes- \*\*\* No N/A:30467}

Diarrhea: {Yes- \*\*\* No N/A:30467}

Abdominal Pain: {Yes- \*\*\* No N/A:30467}

LMP/Menstrual Problems: {Yes- \*\*\* No N/A:30467}

**Environmental/Household Exposures**

Tuberculosis (consider individual exposures, household exposures and country-level prevalence): {Yes- \*\*\* No N/A:30467}

Hepatitis (consider individual exposures, household exposures and country-level prevalence): {Yes- \*\*\* No N/A:30467}

Lead: {Yes- \*\*\* No N/A:30467}

Tobacco: {Yes- \*\*\* No N/A:30467}

**Medications:** @MEDS@

**Allergies:** @ALLERGY@

**Immunizations:** @IMM@

**Family Medical History:** @FAMHXP@

**Vital Signs:** @VITALS@

**Physical Exam:**

GENERAL: {:10010::"alert, no acute distress"}

HEAD: {:10055::"normocephalic, atraumatic"}

EYES: {:10056::"no scleral or conjunctival injection, PERRL"}

EARS: {:10014::"TMs clear bilaterally"}

NOSE: {:10016::"no nasal discharge or congestion"}

MOUTH/THROAT: {:10057::"moist mucosa, no exudate, no ulcers, tonsils normal"}

TEETH: {:10025::"normal"}

NECK: {:10018::"supple, full range of motion"}

CHEST: {:11332::"clear to auscultation"}

CARDIOVASCULAR: {:10061::"RRR, no murmurs, normal pulses"}

ABDOMEN: {:10022::"soft, non-tender, no organomegaly or masses"}

GU: {Genitourinary:14687}

MUSCULOSKELETAL/SPINE: {:10063::"no joint swelling, no effusions, FROM"}

SKIN: {:10059::"no rashes"}

LYMPH NODES: {:10019::"no cervical adenopathy"}

NEUROLOGIC: {:10060::"grossly intact; strength, tone symmetrical"}

**Assessment/Plan:**

@NAME@ is a @AGE@ @SEX@ child here for initial Domestic Medical Exam. Their resettlement agency is \*\*\*.

Immigrant health screening results are as below. Clinical decision making and planning using CDC/[CareRef](https://careref.web.health.state.mn.us/refugee-info) screening and management recommendations.

* Domestic Screening – communicable conditions:
  + Hepatitis B (interpreting serologies as per [CDC recommendations](https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html)): {Refugee DME Assessment - Hep B:24302}
  + Hepatitis C: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + HIV: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Malaria: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Intestinal Parasites: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Strongyloides (risk of Loa Loa as per [CareRef](https://careref.web.health.state.mn.us/refugee-info)): {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Schistosoma: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Syphilis: {Infected - \*\*\* /Not Infected/Indeterminate - \*\*\* /Test Pending - \*\*\*/Test Not Performed - \*\*\*/\*\*\*:24325}
  + Other STI exposure: \*\*\*
  + Tuberculosis Screening Results: {TB Diagnosis Data:26276}
  + Tuberculosis Status: {TB Assessment - TB:24299}
  + Vaccinations up to date:{Yes No - \*\*\* Unknown - \*\*\*}
* Domestic Screening – non-communicable conditions:
  + Anemia: {Yes - \*\*\* No N/A:30467}
  + Dental caries: {Yes- \*\*\* No N/A:30467}
  + Developmental/Behavioral concerns: {Yes- \*\*\* No N/A:30467}
  + Elevated blood lead: {Yes- \*\*\* No N/A:30467}
  + Eosinophilia: {Yes- \*\*\* No N/A:30467}
  + Malnutrition: {Yes- \*\*\* No N/A:30467}
  + Mental health concerns: {Yes- \*\*\* No N/A:30467}
  + Other: \*\*\*
* Repeat screening is recommended in [CareRef](https://careref.web.health.state.mn.us/refugee-info) for specific conditions, e.g., STIs, blood-borne infections, and lead: \*\*\*
* Return to clinic in \*\*\*

Letters/Forms completed: \*\*\*

Counseling provided: {Refugee - DME Counseling:24379}

Total provider contact time exceeded {billing time:11233::"40 minutes, with more than 20 minutes spent on counseling for LEVEL 5 ESTABLISHED VISIT"}

Electronically signed by @PROVIDER NAME@ @DATE@