



TEXAS UNIFORM HEALTH STATUS UPDATE FOR JUVENILE OFFENDERS

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Please provide this form for all youth transferred to a Texas Juvenile Justice Department state-operated facility

A. DEMOGRAPHICS

Name (Last, First): _____ County/ Facility: _____
 DOB: _____ Age: _____ Race: _____ Sex: M F Wt: _____ Ht: _____

B. ALLERGIES

No known drug and/or any other allergies. Allergies (drug, food, insect bites, etc.): _____ Specify: _____

C. CURRENT / CHRONIC HEALTH PROBLEM(S)

Health Problems

<input type="checkbox"/> 1. None	<input type="checkbox"/> 7. Seizures	<input type="checkbox"/> 13. Intellectual Developmental Disorder
<input type="checkbox"/> 2. Asthma	<input type="checkbox"/> 8. Thyroid Problem	<input type="checkbox"/> 14. Mental Illness
<input type="checkbox"/> 3. Pregnancy	<input type="checkbox"/> 9. High Blood Pressure	<input type="checkbox"/> 15. Cutting / Other Self-Harm
<input type="checkbox"/> 4. Dental Problems	<input type="checkbox"/> 10. Orthopedic Problem/Injury	<input type="checkbox"/> 16. Suicidal
<input type="checkbox"/> 5. Diabetes	<input type="checkbox"/> 11. Alcohol / Drug Abuse	
<input type="checkbox"/> 6. Heart Trouble	<input type="checkbox"/> 12. Recent Surgery	

If any of above checked, please explain: _____

Pending Specialty Clinic Appointment

None Yes - Type of Appointment: _____
 Date/Time: _____ Location: _____

D. OTHER HEALTH CARE PROBLEMS OR CONCERNS

E. PREVENTIVE MEDICINE

Immunizations Current: Yes No **Please attach youth's Immunization Record.**

Tuberculosis (TB) Status:

Skin Test: Date Given: _____ Date Read: _____ Results: _____ mm

X-Ray: Date: _____ Normal Abnormal* N/A *Attach radiology report of abnormal chest x-ray

TB Treatment (i.e., INH): Yes No N/A Date Started: _____

Other: _____

F. CURRENTLY PRESCRIBED MEDICATIONS None (Only bring medication required during transport.)

Medication & Dose	Prescribing Directions	Diagnosis	Name of Prescribing Provider	Date Filled	Last Date Given

Please attach a copy of the most recent medical/psychiatric evaluation/orders if available.

G. SIGNATURE

Completed by: X _____ Date: _____
 Signature / Title

Phone Number: _____ Facility: _____

Instructions for Completing the Texas Uniform Health Status Update for Juvenile Offenders

Please complete the attached form for all juvenile offenders transferring from Texas juvenile detention centers to the Texas Juvenile Justice Department (TJJD). Information may be obtained directly from the youth's guardian, available medical records, and/or youth self-report.

A. DEMOGRAPHIC

- Print the youth's name, sending county/facility name, date of birth, age, race, and current height (HT) and weight (WT). Place a check mark in the appropriate space for sex.

B. ALLERGIES

- Allergies: Place a check mark for "No known drug and/or other allergies" if the youth does not have any reported allergies to drugs, foods, insect bites, etc. If there are reported allergies, please list next to "Allergies."

C. CURRENT / CHRONIC HEALTH PROBLEM: Place a check mark by all listed conditions that pertain to the youth.

1. **NONE** – the youth and/or guardian deny any known medical problems and available medical records indicate that the youth has no current medical problems.
2. **ASTHMA** – youth has had a sudden attack of shortness of breath accompanied by wheezing caused by a spasm of the airway or swelling in the airway and/or youth has a current prescription for an asthmatic inhaler.
3. **PREGNANCY** – the youth suspects or states she is pregnant or available medical records indicate a positive pregnancy test.
4. **DENTAL PROBLEMS** – any current dental complaints made by the youth or dental conditions currently being treated.
5. **DIABETES** – youth currently taking insulin or other medications to control the sugar level in the blood.
6. **HEART TROUBLE** – youth currently being treated for or has a history of heart issues (e.g., heart murmur, etc.).
7. **SEIZURES** – sudden uncontrollable muscle spasm or unconscious episode(s) reported (past or present).
8. **THYROID PROBLEM** – youth currently being treated with medication for a thyroid condition (i.e., hypothyroidism).
9. **HIGH BLOOD PRESSURE** – youth currently being treated with medications and/or diet for elevated blood pressure.
10. **ORTHOPEDIC PROBLEM / INJURY** – youth currently being treated for any chronic joint complaints or recent fractures; any observable or reported injuries in the recent past.
11. **ALCOHOL / DRUG ABUSE** – youth currently being treated for or has a history of alcohol and/or drug use.
12. **RECENT SURGERY** – youth has a history of surgeries (past or present).
13. **INTELLECTUAL DEVELOPMENTAL DISORDER** – youth has a documented diagnosis of intellectual developmental disorder (previously known as mental retardation).
14. **MENTAL ILLNESS** (specify diagnosis) – youth has a documented diagnosis of a mental health disorder/illness – document type of mental health condition.
15. **CUTTING / OTHER SELF HARM** – youth has a history of intentionally causing physical harm to himself/herself (past or present).
16. **SUICIDAL** – youth has a history of suicidal thoughts or attempts (past or present).

If any of the above are checked, please explain in the lines provided on the form.

Pending Specialty Clinic Appointment

- If the youth is scheduled or needs to be scheduled to see a medical or dental specialist, please specify the name of the clinic or type of specialist, date/time of the appointment and location (city or address if available) - otherwise place a check next to "None."

D. OTHER HEALTH CARE PROBLEMS OR CONCERNS:

- List any current medical, dental or mental health concerns the youth is experiencing at this time (i.e., youth report, staff observation, or medical record).

E. PREVENTIVE MEDICINE

1. **Immunizations Current** – place a check in appropriate "yes" or "no" space. Attach a copy of the youth's current immunization record to this form.
2. **Tuberculosis (TB) Status**
 - a. **Skin Test** – note the date the PPD was administered and the date the PPD was read and document results in millimeters (mm)
 - If the PPD was determined to be positive, note the date of the chest x-ray, along with normal or abnormal findings. Attach a copy of the chest x-ray results to this form, if applicable.
 - b. **TB Treatment (i.e. INH)** – indicate whether the youth was started on TB prevention medication (i.e., Isoniazid (INH), etc.) – place a check in the appropriate space "Yes" or "No." If "Yes," please note the medication start date.
 - c. **Other** – any additional pertinent health information.

F. CURRENTLY PRESCRIBED MEDICATIONS

1. If the youth is not currently prescribed any medication, check "None" and sign the form.
2. If the youth is currently prescribed medication, please complete the table:
 - a. Medication & Dose – name of medication and the milligram ordered.
 - b. Prescribing Directions – how often does the youth take the medication? (i.e., every morning, twice a day, etc.)
 - c. Diagnosis – name of the condition for which medication has been prescribed.
 - d. Name of Prescribing Provider – name of the medical or psychiatric provider who ordered the medication, or write "unknown."
 - e. Date Filled – the date the order was written or the date the prescription was filled.
 - f. Last Date Given – the last date/time this medication was administered.
 - g. Only bring medication required during transport.

G. SIGNATURE

1. Include the signature and title of the person completing the form and date of completion.
2. Document a contact telephone number and name of the detention center transferring the youth to TJJD.