



## Health Information for Juveniles Committed to TJJD

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

Provide this form for all juveniles transported to a Texas Juvenile Justice Department state-operated facility on commitment. This form should be completed no earlier than five business days before admission date and must be provided electronically prior to transport or must accompany the juvenile.

### A. DEMOGRAPHICS

Name (Last, First): \_\_\_\_\_ County/Facility: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  M  F Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

### B. ALLERGIES

No known drug allergies or other allergies.  Allergies (drug, food, insect bites, etc.): \_\_\_\_\_ Specify: \_\_\_\_\_

### C. CURRENT / CHRONIC HEALTH PROBLEM(S) (Please review instructions on page 2.)

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"/> 17. History of Positive COVID-19 Test (include date and location of test in the space given below and attach a copy of the positive lab result if available) |
| <input type="checkbox"/> 6. Heart Trouble   | <input type="checkbox"/> 12. Recent Surgery              |   |

If any of above checked, please explain: \_\_\_\_\_

If "Suicidal" checked above, was juvenile placed on suicide precaution/watch prior to TJJD admission?  Yes  No

If yes, was the juvenile cleared prior to admission?  Yes  No If yes, date cleared: \_\_\_\_\_

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 juvenile'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 (e.g., INH):  Yes  No Date Started: \_\_\_\_\_

Other: \_\_\_\_\_

### F. CURRENTLY PRESCRIBED MEDICATIONS

No Medication

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

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

### G. SIGNATURE

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature / Title

Phone Number: \_\_\_\_\_ Facility: \_\_\_\_\_

## Instructions for Completing the Health Information for Juveniles Committed to TJJD (TJJD-GEN-401) form

Complete the form for all juveniles being transported for commitment to the Texas Juvenile Justice Department (TJJD). Information may be obtained directly from the juvenile's guardian, available medical records, and/or juvenile self-report.

### A. DEMOGRAPHIC

- Print the juvenile'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 juvenile does not have any reported allergies to drugs, foods, insect bites, etc. If there are reported allergies, list them next to "Allergies."

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

1. **NONE** – juvenile and/or guardian deny any known medical problems and available medical records indicate that the juvenile has no current medical problems.
2. **ASTHMA** – juvenile 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 juvenile has a current prescription for an asthmatic inhaler.
3. **PREGNANCY** – the juvenile suspects or states she is pregnant or available medical records indicate a positive pregnancy test.
4. **DENTAL PROBLEMS** – juvenile has current dental complaints or has dental conditions currently being treated.
5. **DIABETES** – juvenile is currently taking insulin or other medications to control the sugar level in the blood.
6. **HEART TROUBLE** – juvenile is currently being treated for or has a history of heart issues (e.g., heart murmur).
7. **SEIZURES** – juvenile has present or past sudden uncontrollable muscle spasm or unconscious episode(s) reported.
8. **THYROID PROBLEM** – juvenile is currently being treated with medication for a thyroid condition.
9. **HIGH BLOOD PRESSURE** – juvenile is currently being treated with medications and/or diet for elevated blood pressure.
10. **ORTHOPEDIC PROBLEM / INJURY** – juvenile is currently being treated for any chronic joint complaints or recent fractures or there are any observable injuries or reported injuries in the recent past.
11. **ALCOHOL / DRUG ABUSE** – juvenile is currently being treated for or has a history of alcohol and/or drug use.
12. **RECENT SURGERY** – juvenile has a history of surgeries (past or present).
13. **INTELLECTUAL DEVELOPMENTAL DISORDER** – juvenile has a documented diagnosis of intellectual developmental disorder.
14. **MENTAL ILLNESS** (specify diagnosis) – juvenile has a documented diagnosis of a mental health disorder/illness – document type of mental health condition.
15. **CUTTING / OTHER SELF HARM** – juvenile has a history of intentionally causing physical harm to himself/herself (past or present).
16. **SUICIDAL** – juvenile has a history of suicidal thoughts or attempts (past or present).
17. **HISTORY OF POSITIVE COVID-19 TEST** – juvenile has a history of testing positive for COVID-19, SARS CoV2 RNA. Provide date and location of test and a copy of the positive lab result, if available.

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

#### Pending Specialty Clinic Appointment

- If the juvenile is scheduled or needs to be scheduled to see a medical or dental specialist, 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 medical, dental, or mental health concerns the juvenile is experiencing at this time (i.e., juvenile 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 juvenile'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 juvenile was started on TB prevention medication (e.g., Isoniazid (INH), etc.) – place a check in appropriate "yes" or "no" space. If "yes," note the medication start date.
  - c. **Other** – any additional pertinent health information.

### F. CURRENTLY PRESCRIBED MEDICATIONS

1. If the juvenile is not currently prescribed any medication, check "No Medication" and sign the form.
2. If the juvenile is currently prescribed medication, complete the table:
  - a. Medication & Dose – name of medication and the milligram ordered.
  - b. Prescribing Directions – how frequently the juvenile takes the medication (e.g., 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, dental, or psychiatric provider who ordered the medication, if known. If not known, 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 the medication was administered.
3. If a juvenile is prescribed medication, only bring the amount of the medication that is 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 facility transporting the juvenile to TJJD.