

PAGE 1 of 3 MEDICAL QUESTIONARE:

Facility Name: _____

Inmate Name: _____ Inmate SSN# _____ - _____ - _____ Booking Date ____/____/____

Booking Officer Name: _____ Badge or Jail ID#: _____

Shift: _____

BOOKING OFFICER OBSERVATIONS

- 1 VISIBLE SIGNS OF TRAUMA OR ILLNESS REQUIRING IMMEDIATE EMERGENCY OR DOCTOR'S CARE? ____ Yes/No + Comment
- 2 OBVIOUS FEVER, SWOLLEN LYMPH NODES, JAUNDICE OR OTHER SIGNS OF INFECTION? ____ Yes/No + Comment
- 3 POOR SKIN CONDITION, VERMIN, RASHES, OR NEEDLE MARKS? ____ Yes/No + Comment
- 4 APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS OR HAS VISIBLE SIGNS OF WITHDRAWAL? (EXTREME PERSPIRATION, PINPOINT PUPILS, SHAKES, NAUSEA, CRAMPING, VOMITTING) ____ Yes/No + Comment
- 5 BEHAVIOR OR STATEMENTS THAT SUGGEST RISK OF SUICIDE OR ASSAULT? ____ Yes/No + Comment
- 6 APPEARS CONFUSED OR DISORIENTED ____ Yes/No + Comment
- 7 PHYSICAL INJURIES, DEFORMITIES, PROSTHETIC DEVICES (LIST): ____ Yes/No + Comment
- 8 ALLERGIES ____ Yes/No + Comment
- 9 ARTHRITIS ____ Yes/No + Comment
- 10 ASTHMA ____ Yes/No + Comment
- 11 DENTAL PROBLEMS ____ Yes/No + Comment
- 12 DT'S (DELIRIUM TREMENS) ____ Yes/No + Comment
- 13 DIABETES ____ Yes/No + Comment
- 14 EPILEPSY ____ Yes/No + Comment
- 15 FAINTING ____ Yes/No + Comment
- 16 PHYSICIAN PRESCRIBED DIET ____ Yes/No + Comment
- 17 URINARY TRACT PROBLEMS ____ Yes/No + Comment
- 18 ULCERS ____ Yes/No + Comment
- 19 VENEREAL DISEASE (VD) ____ Yes/No + Comment

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Inmate Name:_____ **Inmate SSN#**_____-_____-_____ **Booking Date** ____/____/_____

20 EVER TESTED POSITIVE FOR AIDS, TB, OR HEPATITIS ____ Yes/No + Comment

21 ANY TYPE OF HEART OR HIGH BLOOD PRESSURE PROBLEMS ____ Yes/No + Comment

22 ARE YOU BEING TREATED FOR MENTAL HEALTH PROBLEMS ____ Yes/No + Comment

23 HAVE YOU EVER TRIED TO KILL OR HARM YOURSELF ____ Yes/No + Comment

24 DO YOU FEEL DEPRESSED OR SUICIDAL NOW ____ Yes/No + Comment

25 ARE YOU TAKING ANY MEDICATION? IF YES, WHAT? ____ Yes/No + Comment

26 WHO PRESCRIBED THE MEDICATION ____ Yes/No + Comment

27 DO YOU HAVE THE MEDICATION WITH YOU ____ Yes/No + Comment

28 FEMALE: ARE YOU ON BIRTH CONTROL PILLS ____ Yes/No + Comment

29 ARE YOU PREGNANT? IF SO, HOW MANY MONTHS? ____ Yes/No + Comment

30 DO YOU HAVE ANY OTHER MEDICAL PROBLEMS ____ Yes/No + Comment

31 ADDITIONAL INFORMATION: ____ Yes/No + Comment

32 DO YOU USE ALCOHOL? ____ Yes/No + Comment

33 IF YES, HOW OFTEN? Free Text Answer

34 HOW MUCH? Free Text Answer

35 LAST USED? Free Text Answer

36 DO YOU USE STREET DRUGS? ____ Yes/No + Comment

37 IF YES, HOW OFTEN? Free Text Answer

38 HOW MUCH? Free Text Answer

39 LAST USED? Free Text Answer

40 DO YOU HAVE MEDICAL INSURANCE? ____ Yes/No + Comment

41 MEDICAL INSURANCE POLICY/CARD NUMBER:

48 OTHER ____ Yes/No + Comment

40 ADDITIONAL INFORMATION: ____ Yes/No + Comment

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Inmate Name:_____ **Inmate SSN#**_____-____-_____ **Booking Date** ____/____/_____

Disposition and Referral Information:

41 GENERAL POPULATION ____ Yes/No + Comment

42 SICK CALL ____ Yes/No + Comment

43 MENTAL HEALTH ____ Yes/No + Comment

44 MENTAL ISOLATION ____ Yes/No + Comment

45 PLACE UNDER CLOSE OBSERVATION ____ Yes/No + Comment

46 PERSONAL CHECKS EVERY____ MINUTES. ____ Yes/No + Comment

47 REFUSE TO ADMIT UNTIL EXAMINED BY A PHYSICIAN ____ Yes/No + Comment

49 COMMENT ____ Yes/No + Comment

Prisoner's Signature:_____

Witness's Signature:_____