

## Health Questionnaire Form

### REQUIRED FORM:

This form is a required document in the client's file

### WHEN:

Completed upon Admission

### COMPLETED BY:

Completed by the client and reviewed by authorized agency representative

### REQUIRED ELEMENTS:

- **Name:** Complete client's full name.
- **Client ID#:** Enter client's SanWITS Unique Client Number
- All items of the Health Questionnaire must be completed by marking the appropriate yes or no answer or documenting as indicated. If the answer to a question is "yes", the client must provide further details.
- **Client Signature & Date:** Client must sign and date the form when completed.
- **Reviewing Facility/Program Staff Name, Signature, & Date:** Staff must review the form and then print their name and sign and date the form when completed.

### NOTES:

This form was developed to replace the required DHCS 5103 (06/16) Health Questionnaire and Initial Screening Form. It is to be completed in conjunction with the Initial Level of Care Assessment, TB Screening Form, and the ASI or YAI Forms to ensure all the required Health Questionnaire items are addressed. However, programs may use the DHCS 5103 (06/16) form in place of this form, if they prefer.

If current physical health issues are identified, then these items should be reviewed with the program's MD and documented on the client treatment plan as needed for follow up. Coordination of care with the client's physical health care provider may be required to ensure the client's needs are met. If a program determines that the client needs services beyond what they can provide, the client should be referred to another appropriate agency and/or facility.