

Health Questionnaire Form

REQUIRED FORM:

This form is a required document in client's file

WHEN:

Completed at Screening/Intake Admission

COMPLETED BY:

Completed by the client and reviewed by authorized agency representative

REQUIRED ELEMENTS:

- **Name:** Complete client's full name.
- **Client ID#:** Complete client's ID #.
- 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 must be completed in conjunction with the Initial Screening and Intake Form and the ASI or YAI Forms to ensure all the required Health Questionnaire items are addressed. 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.

Per DHCS, a scoring sheet is no longer part of the health screening form. Several questions were added to assist providers in making the decision if a client is suitable for treatment at their facility. If a provider determines that the client needs services beyond what they can provide, the client should be referred to the appropriate agency and/or facility.