Dear Student/Parent or Guardian

Regional Alliance for Healthy Schools (RAHS) ni kundi la vituo vya kipekee vya vilivyvo shuleni vinavyotaa huduma katika baadhi ya shule za umma na za jumuiya katika kaunti za Genesee, Jackson na Washtenaw. Lengo la Vituo vya Afya vilivyvo Shuleni vya RAHS ni kusaidia kuboresha afya na ustawizi wa wanawunzani na familia. Wanawunzi wenyewe afya nzuri hufaulu zaidi shuleni.

Regional Alliance for Healthy Schools (RAHS) is a group of unique school-based health centers providing services at some public and community schools in Genesee, Jackson, and Washtenaw counties. The goal of the RAHS School-Based Health Centers is to help improve the health and well-being of students and families. Healthy students are more successful in school.

What is the RAHS School-Based Health Center?

- Vituo vyetu vya afya vina wafanyakazi wanaojumuisha madaktari, wauguzi, na wahudumu wa kijamii ambao wanapatikana kwa mahitaji yako ya afya ya kimwili na kitabia. Our health centers are staffed by physicians, nurse practitioners, and social workers that are available for your physical and behavioral health needs.

- Madhumuni ya mpango huu ni kutoa huduma bora za afya katika mazingira mazuri, kwa wakati unaofaa kwa wagonjwa na familia. Kituo cha Afya cha RAHS HAKICHUKUI nafasi ya mahali pako pa kawaida pa kupata huduma ya afya. The purpose of this program is to provide quality healthcare in a friendly setting, at a time that is convenient to patients and families. The RAHS Health Center is NOT trying to replace your regular source of healthcare.

- Kituo cha Afya cha RAHS kiko wazi na kinahudumia vijana WOTE. The RAHS Health Center is open and available to ALL youth.

What can I do to register?

- Tafadhali jaza fomu zilizoambatishwa na uzirejeshe kwenye ofisi ya shule yako au kwenye Kituo cha Afya cha RAHS. Fomu zilizoambatishwa ni pamoja na: Please fill out the attached forms and return them to your school office or to the RAHS Health Center. The enclosed forms include:

  - Fomu za Idhini
  - Consent Forms
  - Hojaji ya Historia ya Afya
  - Health History Questionnaire
  - Tunahitaji pia nakala ya kadi ya bima ya afya ya mgonjwa
  We also need a copy of the patient’s health insurance card

What happens after I register?

- Kwa kuja kuja fomu zilizoambatishwa, wagonjwa wanaweza kuhudumiwa katika Kituo cha Afya cha RAHS wa siku ya shule kwa masuala ya afya na **wataitwa kwa ziara lufi ya uchunguzi ili kupata maelezo ya kimsingi ya afya**. By completing the enclosed forms, patients may be seen at the RAHS Health Center during the school day for health concerns and **will be called down for a brief screening visit to obtain basic health information**.

- Ikiwa mgonjwa yuko katika shule ya msingi, tunaomba mzazi/mlezi apatikana kwa simu ikiwa hawezi kuhudhuria miji mi ndi mtoto wake.

The RAHS Health Center will bill your insurance company for services received in our centers.
Je, maelezo ya afya ya kibinafsi yanashirikiwa vipi?
How is private health information shared?
Please visit the Michigan Medicine Notice of Privacy Practices website here http://www.med.umich.edu/hipaa/UMHS-NPPEnglish.pdf or ask at the RAHS Health Center for a copy of our privacy policy. This notice describes how medical information may be shared. Please review it carefully.

Asante,
Thank you,
Timu ya Matibabu ya Muungano wa Kikanda wa Shule zenye Afya
Regional Alliance for Healthy Schools Clinical Team

Pathways to Success Academic Campus
2800 Stone School Rd. Chumba cha 112
Ann Arbor, MI 48104
Simu: 734 973 9167

Lincoln High School
7425 Willis Rd. Chumba cha 304
Ypsilanti, MI 48197
Simu: 734 714 9600

Richfield Public School Academy
3807 North Center Road
Flint, MI 48506
Simu: 810-285-9815

Carman-Ainsworth High School
1300 N. Linden Road
Flint, MI 48532
Simu: 810-591-5473

Brick Elementary School
8970 Whittaker Road
Ypsilanti, MI 48197
Simu: 734-714-9606

Scarlett Middle School
3300 Lorraine, Rm. 204
Ann Arbor, MI 48108
Simu: 734 677 2708

Ypsilanti Community Middle School
510 Emeric
Ypsilanti, MI 48198
Simu: 734 221 2271

Kearsley High School
4302 Underhill Drive
Flint, MI 48506
Simu: 810-591-5330

Armstrong Middle School
6161 Hopkins Road
Flint, MI 48506
Simu: 810-591-2776

International Academy of Flint
2820 S. Saginaw Street
Flint, MI 48503
Simu: 810-600-5290

Lincoln Middle School
8744 Whittaker Rd. Chumba cha 812
Ypsilanti, MI 48197
Simu: 734 714 9509

Ypsilanti Community High School
2095 Packard Rd. Chumba cha 403
Ypsilanti, MI 48197
Simu: 734 221 1007

Beecher High School
6255 Neff Road
Mt Morris, MI 48458
Simu: 810-591-9333

Pioneer High School
601 W. Stadium Blvd.
Ann Arbor, MI 48103
Simu: 734-997-1862

Springport Public Schools
300 W. Main Street
Springport, MI 49284
Simu: 517-867-7846
Je, Muungano wa Kikanda wa Shule zenye Afya katika Michigan Medicine hutoa huduma gani?
What services does the Regional Alliance for Healthy Schools at Michigan Medicine provide?

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uchunguzi wa kimwili</td>
<td>Physical exams</td>
</tr>
<tr>
<td>Chanjo</td>
<td>Immunizations</td>
</tr>
<tr>
<td>Tiba ya kisaikolojia ya mtu binafsi, kikundi na familia</td>
<td>Individual, group and family psychotherapy</td>
</tr>
<tr>
<td>Vipimo vya kimsingi vya maabara k.m. uchanganuzi wa mkojo, kipimo cha haraka cha bakteria ya streptokokasi, utoaji wa damu kutoka kwa mshipa wa damu kwa ajili ya kupima</td>
<td>Basic lab tests e.g. urinalysis, rapid strep, venipuncture</td>
</tr>
<tr>
<td>Huduma za VVU / magonjwa ya zinaa (k.m. uchunguzi, upimaji, ushauri, n.k.)</td>
<td>HIV / STI services (e.g. screening, testing, counseling, etc.)</td>
</tr>
<tr>
<td>Huduma za matibabu zinazotolewa kwa njia ya simu</td>
<td>Telemedicine services</td>
</tr>
<tr>
<td>Rufaa kwa nyenzo kama vile chakula, malazi, masuala ya fedha, usafiri</td>
<td>Referral for resources such as food, shelter, financial issues, transportation</td>
</tr>
<tr>
<td>Elimu ya afya au Kikundi cha Shughuli kama vile Klabu ya Kutembea, Kudhibiti Hasira, Mpango wa Pumu, Ushauri wa Marika, Baraza la Ushauri la Vijana, Bully Busters, au vikundi vingine kama inavyobainishwa na mahitaji (baadhi ya mipango zinapatikana kwa wanaafunzi wa shule za kati na za upili pekee)</td>
<td>Health education or Activities Group such as Walking Club, Anger Management, Asthma Program, Peer Mentoring, Youth Advisory Council, Bully Busters, or other groups as determined by need (some programs available to middle and high school students only)</td>
</tr>
<tr>
<td>Elimu ya afya</td>
<td>Health education</td>
</tr>
<tr>
<td>Dawa</td>
<td>Medications</td>
</tr>
<tr>
<td>Uchunguzi na udhibiti wa afya ya tabia</td>
<td>Behavioral health screening and management</td>
</tr>
<tr>
<td>Utambuzi na udhibiti wa magonjwa hatari na sugu</td>
<td>Diagnosis and management of acute and chronic illnesses/diseases</td>
</tr>
<tr>
<td>Huduma za afya ya uzazi (k.m. elimu ya udhibiti wa uzazi, upimaji wa ujuzito)</td>
<td>Reproductive health services (e.g. birth control education, pregnancy testing)</td>
</tr>
<tr>
<td>Huduma zinazoidhinishwa na watoto</td>
<td>Minor-consented services</td>
</tr>
<tr>
<td>Rufaa kwa matibabu ya matumizi ya dawa za kulevya (wanafunzi wa shule ya kati na ya upili)</td>
<td>Referral for substance abuse treatment (middle and high school student)</td>
</tr>
</tbody>
</table>
Maswali Yanayoulizwa Sana
Frequently Asked Questions (Swahili)

1. **Je, Michigan Medicine inaweza kutumia vilelezo vyangu kwa utafiti kwa nini?**
   
   Why might the Michigan Medicine use my specimens for research?
   
   Utafiti wa kimatibabu unaendelea kugundua njia mpya za kutambua, kuzuia na kutibu magonjwa. Michigan Medicine imejitolea kuendeleza utafiti ili tuweze kuwapa wagonjwa wetu huduma bora zaidi ya matibabu.
   
   Medical research is constantly discovering new ways to identify, prevent and treat illness. Michigan Medicine is committed to advancing research so we can provide our patients with the most effective medical care.

2. **Je, ninaweza kutoa idhini kwa sehemu tu ya fomu hii?**
   
   Can I consent to only part of this form?
   
   Ndiyo, mgonjwa ana haki ya kupigia mstari sehemu za idhini ambazo hataki kuidhinisha. Yes, a patient has the right to cross out sections of the consent they do not want to consent to.

3. **Je, ninaweza kuondoa idhini yangu au ya mtoto wangu baada ya kusaini fomu hii?**
   
   Can I withdraw my consent or my child’s consent after this form has been signed?
   
   Ndiyo, unaweza kuondoa idhini ya huduma kwa kuandikia Kituo cha Afya Kilicho Shuleni cha Muungano wa Kikanda wa Shule zenye Afya wakati wowote. Yes, you may withdraw consent for services by writing to the Regional Alliance for Healthy Schools Based Health center at any time.

   **Ili kujiondoa kwenye huduma zote za Michigan Medicine tafadhali tuma barua iliyotiwa saini na mzazi au mlezi kwa mtoto au mgonjwa kwa wagonjwa wалио na umri wa miaka 18 na zaidi kwa:**

   To withdraw from all Michigan Medicine service please mail a letter signed by parent or guardian for minor or the patient for patients 18 and over to:

   Michigan Medicine Revenue Cycle Mid Service (HIM) Release of Information (ROI) Unit
   3621 S. State Street 700 KMS Place Bay 11 - Mid Service Ann Arbor MI 48108-1633
# General Consent to Receive Health Care Services

I hereby acknowledge I have been offered or received the Michigan Medicine Notice of Privacy Practices.

I want to receive health care services from Michigan Medicine including medical, dental, psychological, nursing and/or other health care. Services may include:

- **Uchunguzi wa kimwili, elimu ya afya na Chanjo**
  - Physical exams, health education and Immunization

- **Vipimo vya kimsingi vya maabara k.m. uchanganuzi wa mkojo, kipimo cha haraka cha bakteria ya streptokokasi, utoaji wa damu kutoka kwa mshipa wa damu kwa ajili ya kupima**
  - Basic lab tests e.g. urinalysis, rapid strep, venipuncture

- **Utambuzi na udhibiti wa magonjwa kali na sugu**
  - Diagnosis and management of acute chronic illnesses/diseases

- **Huduma za VVU / magonjwa ya zinaa (k.m. uchunguzi, upimaji, ushauri, n.k.)**
  - HIV / STI services (e.g. screening, testing, counseling, etc)

- **Huduma za afya ya uzazi (k.m. elimu ya udhibiti wa uzazi, upimaji wa ujauzito)**
  - Reproductive health services (e.g. birth control education, pregnancy testing)

- **Uchunguzi na udhibiti wa afya ya tabia**
  - Behavioral health screening and management

- **Tiba ya kisaikolojia ya mtu binafsi, kikundi na familia**
  - Individual, group and family psychotherapy

- **Dawa**
  - Medication

- **Huduma zinazoidhinishwa na watoto**
  - Minor-consented services

- **Huduma za matibabu zinazotolewa kwa njia ya simu**
  - Telemedicine services

- **Matibabu mengine yaliyo muhimu kwa utunzaji wangu**
  - Other treatment necessary for my care

I agree that Michigan Medicine can share my information as needed for care or billing and that various departments may contact me. To facilitate my care and medical needs, Michigan Medicine departments may need to provide necessary information about me to other outside healthcare providers. I have a right to discuss my health care with my health care providers at any time. I have the right to agree to or refuse any care. I understand that my health care providers generally will obtain my consent after discussing specific care, therapies and procedures with me. My health care providers will review known risks, expected benefits and alternatives to therapies in those discussions. I may need to give additional consents for invasive procedures and special treatments such as when I receive blood products. It is impossible to avoid certain risks in the practice of medicine. Outcomes may be different for each patient. I may withdraw consent for services by writing to the Regional Alliance for Healthy Schools health center at any time.

Ugavi wa Manufaa ya Matibabu
Assignment of Medical Benefits


Ninakubali kusaidia Michigan Medicine kufuatilia madai haya.

I agree that I will be responsible for my co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers. This is true except in cases where Michigan or federal law, or an agreement between my insurance company and Michigan Medicine does not allow it. I assign all rights and benefits to Michigan Medicine in order to help the process of paying Michigan Medicine for health care services I received. I agree to help Michigan Medicine follow up on these claims.

Maelezo Muhimu ya Mgonjwa
Important Patient Information

1. **Michigan Medicine ni Kituo cha Mafunzo na Utafiti.** Ninawenza kupokea huduma kutoka kwa wafanyakazi na/a wakati wa afya zingine kwa huduma za matibabu ambazo kamatubu wa kusaidia Michigan Medicine kufuatilia madai haya.


Dawa au kipimo kimeidhinishwa kutumika na kinaruhusu chini ya sheria ya jimbo na serikali kuu. Daktari wangu anaweza kumuuliza daktari wa mtoto wangu uvumbuzi wake utumika katika matibabu yangu.
medical procedures if they are not necessary for my diagnosis or treatment. I allow Michigan Medicine to own, manipulate, analyze, keep, save or throw away this excess tissue. Michigan Medicine may use or share these items with any entity for any legal purpose, including education and research. I understand that my doctor may have developed a treatment or test that I am given. The treatment or test has been approved for use and it is allowed under state and federal law. My doctor may profit from the use of the test or treatment. I understand that I am able to ask my doctor if an invention of theirs will be used in my care.


Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Under Michigan law, an HIV test may be done on a patient if any health care worker or emergency responder comes in contact with that patient’s blood or other body fluids. Contact may occur under the skin, in an open wound or through the mucous membranes, which are the tissues that line various openings in the body. If this type of contact occurs, I know that my blood can be tested without my consent. If a test is done, I know that I will receive the test results and counseling as needed.


Communication Methods. Michigan Medicine uses many ways to communicate with me. The method used will depend on the reason or reasons for the communication. By providing Michigan Medicine with my contact information I agree to receive communications in different methods, for example: automated calls, text messaging, patient portal, emails, etc. I further agree that Michigan Medicine can send me text messages more than three (3) times a week. I understand that I can choose not to participate in some or all of these methods, but I must communicate my wishes to staff. Michigan Medicine may record incoming and outgoing phone calls with me for quality assurance and training purposes.

4. **Huduma za Matibabu Zinazotolewa kwa Njia ya Simu.** Ninakubali kuwa ninakubali kupata huduma kutoka huduma za matibabu zinazotolewa kwa njia ya simu. Kwao kuwa vya ziara ya huduma zinazotolewa kwa njia ya simu ni pamoja na uwezekano wa kutowa wa kutopeka kutambua halu zinazotokana wa wakati wa uchunguzi wasiwa wa kimwili. Kunawezwa kuwa kuwa na kutoka kwa kitojaaina kama vile kupotea au kukuatizwa kwa kuwingijesho.

Telemedicine Services. I understand that I may receive care through telemedicine services. The limitations of a telemedicine visit include the possibility of not being able to pick up conditions found during a complete physical exam. There may also be technical difficulties like a lost connection or interruption.

**Safety and Security.** In the interest of patient, staff and visitor safety, Michigan Medicine reserves the right to inspect or prohibit the use of personally owned devices and equipment including, but not limited to cell phones (including camera and video functions). Smoking and the use of tobacco products and non FDA-approved marijuana products is not allowed in Michigan Medicine facilities. This includes marijuana, non FDA-approved medical marijuana products in all forms, tobacco cigarettes, chewing tobacco and e-cigarettes. Facilities include buildings, grounds, parking lots and inside personal vehicles on Michigan Medicine property. Michigan Medicine is not responsible for loss or theft of any personal property if not placed in a Michigan Medicine-provided safe or secure area.


**Photographing or Recording Done by or Arranged by Patients/Families.** Patients, their families, and their friends are not guaranteed a right to photograph or record on Michigan Medicine premises. However, photographing or recording may be permitted using their own devices subject to the following guidelines: 1. Photographing or recording must stop right away if directed to do so by Michigan Medicine staff or at any time if it interferes with clinical care or service to patients, patient privacy, security or operations; 2. Families or visitors of a patient may only photograph or record the patient; 3. Patients and visitors may not include other patients or Michigan Medicine faculty or staff without their verbal permission; 4. Photographs and recordings taken by the family or visitors may not be entered into the medical record.

**Saini yangu inawakilisha yafuatayo (weka alama kwa yote yanayotumika):**

My signature represents the following (check all that apply):

- Uthibitisho wa Notisi ya NPP
  Acknowledgement of NPP Notification
- Idhini ya Jumla ya Kupokea Huduma za Afya
  General Consent to Receive Healthcare Services
- Makubaliano ya Ugavi wa Manufaa ya Matibabu
  Assignment of Medical Benefits agreement
MICHIGAN MEDICINE
Regional Alliance for Healthy Schools (RAHS)

Idhini ya Jumla kwa Huduma za Afya na Maelezo Muhimu ya Mgonjwa - MTU MZIMA
General Consent for Healthcare Services and Important Patient Information - ADULT (Swahili)

I have read and understand the information on this form before I signed it.

Saini ya Mgonjwa au Mwakilishi Aliyeidhinishwa Kisheria (Ikiwa mgonjwa hawezi kusaini)
Signature of Patient or Legally Authorized Representative (If patient is unable to sign)

Jina la Mwakilishi Aliyeidhinishwa Kisheria kwa Herufi Kubwa (Ikiwa mgonjwa hawezi kusaini)
Printed Name of Legally Authorized Representative (If patient is unable to sign)

Uhusiano: □ Mwenzi □ Jamaa wa Karibu □ Mlezi Kisheria
Relationship: □ Spouse □ Next-of-Kin □ Legal Guardian
□ Nguvu ya Kudumu ya Wakili (Durable Power of Attorney, DPOA) wa Huduma ya Afya
□ DPOA for HealthCare

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<thead>
<tr>
<th>MRN:</th>
<th>NAME:</th>
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<th>BIRTHDATE:</th>
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<th>Saa: ____________ asubuhi / mchana</th>
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<tr>
<th>Time: _______ A.M. / P.M.</th>
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Page 5 of 5
Hojaji ya Historia ya Afya - Muungano wa Kikanda wa Shule zenye Afya (RAHS) – Umri wa Miaka 18 na Zaidi
Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) – 18 Years of Age and Older
(Swahili)

Ili kujiandikisha kwa Huduma ya Muungano wa Kikanda wa Shule zenye Afya tafadhali jaza fomu hii ya Hojaji ya Historia ya Afya.
To register for the Regional Alliance for Healthy Schools Service please fill out this Health History Questionnaire form.

Tarehe ya Leo: ___/___/_____   Shule: ____________________________________   Darasa: _________
(mwezi/siku/mwaka)

Today’s Date: ___/___/______   School: ____________________________________   Grade: _________
(mm/dd/yyyy)

Jina la Mwanafunzi: ________________________________ La mwisho ________________________________ La kwanza

Student’s Name: ___________________________________________ ___________________________

Tarehe ya Kuzaliwa: ___/___/_______   Lugha Kuu inayozungumzwa nyumbani ________________
(mwezi/siku/mwaka)

Date of Birth: ___/___/______   Primary Language spoken in home ________________
(mm/dd/yyyy)

Je, Moto Anahitaji Mkalimani? ❏ Ndiyo ❏ Hapana

Needs Interpreter? ❏ Yes ❏ No

Jinsia Aliyopewa Wakati wa Kuzaliwa: ☐ Mwanaume ☐ Mwanamke  Je, unapenda kutumia jina gani? __________

Sex Assigned at Birth: ☐ Male ☐ Female  What name do you like to use?

Utambulisho wa Jinsia: ________________________________ Viwakilishi Anavyopendelea: yeye/yake yeey/yake wao/wao

Gender Identity: _________________________________________ Preferred Pronouns: she/her/hers  he/him/his  they/them/their

Barua pepe yako: _________________________________________ Nambari yako ya simu ya mkononi: ______________

Your email: _____________________________________________ Your cell number: __________________________

Anwani: # ya Nyumba: __________________________

Address: _____________________________________________ Apt#: __________________________

Jiji: _________________________________________________ Jombo: __________________________ Msimbo wa eneo: __________

City: _________________________________________________ State: __________________________ Zip: __________

Kutoa maelezo yafuatayo kuhusu kabila ni jambo la hiari kabisa kwa upande wako na hauhitajiki kujiandikisha.
Providing the following information about ethnic group is strictly voluntary on your part and is not required to register.

Ethnic Group: ❏ American Indian ❏ African American ❏ Hispanic ❏ Caucasian ❏ Asian ❏ Middle Eastern
❏ Multi-racial (please specify): ______________________________________________________

❏ Nyingine (tafadhali taja): ________________________________

❏ Other (please specify): ____________________________________________________________

Maelezo ya Mwasiliani wa Dharura
Emergency Contact Information

Jina la Mwasiliani: __________________________________________

Contact Name: ________________________________ ________________________________ ________________________________
Simu ya Nyumbani: ___________________________ Simu ya Mkononi: ___________________________ Simu ya Kazini: __________
Home Phone: ___________________________ Cell Phone: ___________________________ Work Phone: ___________________________

Uhusiano na mwanafunzi: ________________________________ Barua pepe: ________________________________

Relationship to student: ________________________________ Email: ________________________________
**Health History Questionnaire - Regional Alliance for Healthy Schools (RAHS) – 18 Years of Age and Older**

**Swahili**

Njia bora ya kufikia mwasiliani wakati wa siku ya shule? □ Simu ya nyumbani □ Simu ya mkononi □ Simu ya kazini
□ Barua pepe □ Nyingine (taja):

Best way to reach the contact during the school day? □ Home □ Cell □ Work □ Email □ Other (specify):

Jina la mwasiliani wa ziada:

<table>
<thead>
<tr>
<th>Jina: ____________________</th>
<th>Uhusiano na mwanafunzi:</th>
<th>Nambari ya Simu:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Relationship to student:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

Je, una bima ya afya? □ Hapana □ Ndiyo
Do you have health insurance? □ No □ Yes

Jina la Bima (taja):

Insurance Name (specify):

Jina la Mteja: ____________________ Tarehe ya Kuzaliwa (DOB) ya mteja: ______/_____/______

Subscribers Name: ____________________ Subscriber’s date of birth (DOB): ______/_____/______

# ya Sera: ____________________ # ya Kampuni _____________

Policy #: ____________________ Group #: _____________

Je, una Mtoa Huduma wa Msingi (Primary Care Provider, PCP)? □ Ndiyo □ Hapana □ Ndiyo □ No Name of PCP: ____________________

Do you have a Primary Care Provider (PCP)? □ Yes □ No

Tarehe ya mwisho wa uchunguzi kamili wa mwili: ____________________

Date of last complete physical exam:

Je, una Daktari wa Meno? □ Ndiyo □ Hapana □ Ndiyo □ No Name of Dentist: ____________________

Do you have a Dentist? □ Yes □ No

Tarehe ya ziara ya mwisho: ______/_____/______ (mwezi/siku/mwaka) Je, ziara hii ilikuwa ya ukaguzi wa kawaida? □ Ndiyo □ Hapana

Date last seen: ______/_____/______ (mm/dd/yyyy) Was this a routine check-up? □ Yes □ No

Je, familia yako ina duka la dawa inalopendelea? Jina: ____________________ Simu/eneo: ____________________

Does your family have a preferred pharmacy? Name: ____________________ Phone/location: ____________________

Je, nani anaishi nyumbani kwenu?
Who lives in your home?

<table>
<thead>
<tr>
<th>Name: ____________________</th>
<th>Uhusiano:</th>
<th>Relationship:</th>
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</tbody>
</table>

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### Dawa:
- ✗ Situmii dawa yoyote

### Medications:
- ✗ I do not take any medications

<table>
<thead>
<tr>
<th>Jina la dawa:</th>
<th>Dozi:</th>
<th>Sababu ya kutumia dawa:</th>
<th>Kwa muda gani?</th>
<th>Iliagizwa na:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of medicine:</td>
<td>Dose:</td>
<td>Reason for taking:</td>
<td>How long?</td>
<td>Prescribed by:</td>
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</table>

### Mizio:
- Je, una mizio yoyote ya dawa, chakula, kuumwa na wadudu, kuumwa au mizio ya msimu? ✗ Hapana  ✗ Ndiyo (tafadhali weka alama na uorodheshe):

### Allergies:
- Do you have any allergies to medicine, food, insect stings, bites or seasonal allergies? ✗ No ✗ Yes (please check and list below):

| | | | |
| | | | |
| | | | |

### Matatizo ya Afya:
- Tafadhali weka alama kwa yote yanayotumika:

#### Medical Problems:
- Please check all that apply:

- ✗ Pumu: Asthma
- ✗ Matukio ya kifafa/Kifafa: Seizures/Epilepsy
- ✗ Unyogovu: Depression
- ✗ Kisukari: Diabetes
- ✗ Matatizo ya Moyo: Heart Problems
- ✗ Homa/Mizio ya Nyasi Kavu: Hay Fever/Allergies
- ✗ Ulemavu wa Kujifunza: Learning Disability
- ✗ Wasiwasi: Anxiety
- ✗ Tatizo la Upungufu wa Makini / Tatizo la Upungufu wa Makini na Utendaji Kutipa Kiasi ((ADD/ADHD, Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)
- ADD/ADHD (Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)
- ✗ Nyingine (taja):

| | | | |
| | | | |

Do you wear any of the following (check all that apply)?
- eyeglasses
- contacts
- hearing device

---

Je, unavaa mojawapo ya yafuatayo (weka alama kwa yote yanayotumika)? ✗ miwani ✗ lenzi ya kuweka jichoni
- kifaa cha kusaidia kusikia

Do you wear any of the following (check all that apply)?
- eyeglasses
- contacts
- hearing device

Je, umewahi kulazwa hospitalini usiku kuchaa, umewahi kupata majeraha makubwa ikiwa ni pamoja na majeraha yanayousiana na michezo, au kufanyiwa upasuaji wa aina yoyote?

Have you ever been hospitalized overnight, had any serious injuries including sports-related injuries, or had any type of surgery?

| | | | |
| | | | |

- ✗ Hapana  ✗ Ndiyo: Ikiwa ndiyo, katika umri gani? Tatizo/Aina ya Upasuaji?  

- ✗ No ✗ Yes: If yes, what age? Problem/Type of Surgery?
## Historia ya Familia:
### Family History:

Baadhi ya matatizo ya kiafya hupitishwa kutoka kizazi kimoja hadi kingine. Je, wewe au jamaa yako yeyote wa damu (wazazi, babu na nyanya, kaka au dada), aliye hai au aliyefariki, ana au alikuwa na mojawapo ya matatizo yafuatayo?

Some health problems are passed from one generation to the next. Have you or any of your blood relatives (parents, grandparents, brothers or sisters), living or deceased, had any of the following problems?

- □ Historia ya matibabu ya familia hajulikani.
- □ Unknown family medical history.
- □ Niliasiliwa, historia ya matibabu ya familia hajulikani
- □ I was adopted, family medical history is unknown

### Family Medical History:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Relationship</th>
<th>Maternal or Paternal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mizio</td>
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<td></td>
<td></td>
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<tr>
<td>Allergies</td>
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<tr>
<td>Pumu</td>
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<tr>
<td>Asthma</td>
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<td>Saratani (aina: __________)</td>
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<tr>
<td>Cancer (type: __________)</td>
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<tr>
<td>Wasiwasi</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Unyogovu wa ugonjwa wa kubadilika-badilika kwa hisia Bi-polar depression</td>
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<tr>
<td>Unyogovu</td>
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<td>Depression</td>
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<tr>
<td>Ugonjwa mwingine wa akili</td>
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<tr>
<td>Other mental illness</td>
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<tr>
<td>Kisukari</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Mshtuko wa moyo au kiharusi kabla ya umri wa miaka 50</td>
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<tr>
<td>Heart attack or stroke before age 50</td>
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<tr>
<td>Shinikizo la juu la damu</td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Viwango vya juu vya kolestroli</td>
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<tr>
<td>High cholesterol</td>
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<td>Maumivu ya kichwa ya Kipandauso</td>
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<tr>
<td>Migraine headaches</td>
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<td>Uvutaji sigara</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Matumizi ya Dawa za Kulevya</td>
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<tr>
<td>Substance Abuse</td>
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<td>Mengine (taja): __________________________</td>
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<tr>
<td>Others (specify): __________________________</td>
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</tbody>
</table>
1. Je, ungependa kuratibu miadi na Muuguzi au Daktari wetu ili kujadili wasiwasi wowote wa kialya?
Would you like to schedule an appointment with our Nurse Practitioner or Physician to discuss any health concerns?

2. Je, una maswali au wasiwasi kuhusu uzani au tabia zako za kula? 
Do you have questions or concerns about your weight or eating habits?

Tafadhali eleza: ____________________________________________________
Please explain: ____________________________________________________

3. Je, ungependa kupata maelezo kutoka kwa wafanyakazi wetu kuhusu:
Would you like information from our staff regarding:
- Jinsi ya kupata mtoa huduma wa afya (daktari au muuguzi)? Finding a health care provider (doctor or nurse practitioner)?
- Kupata daktari wa meno? Finding a dentist?
- Huduma nafuu za matibabu ya macho au miwani? Affordable vision care or glasses?

4. Je, ungependa mtaalamu wetu wa tiba awasiliane nawe ili kujadili ustawi wako wa kihisia au wasiwasi wako?
Would you like to be contacted by our therapist to discuss your emotional well-being or concerns?
- Tayari ninapokea huduma kutoka kwa mtaalamu wa afya ya akili.
I am already receiving services from a mental health professional.

5. Je, una wasiwasi kuhusu mapato ya familia yako kutosha kukidhi mahitaji yako ya kimsingi? 
Are you concerned about your family’s income meeting your basic needs?
- Je, unahitaji chakula cha ziada? Do you need additional food?
- Je, unahitaji mavazi ya ziada? Do you need additional clothing?
- Je, unahitaji usaidizi wa kulipia bili za umeme na maji? Do you need help paying bills for heat and water?
- Je, unahitaji usaidizi wa usafiri kwenda kwenye miadi ya matibabu au shule? Do you need assistance with transportation to medical or school appointments?
- Je, una wasiwasi kuhusu makazi? Are you concerned about housing?

6. Je, ungependa kupata maelezo kuhusu:
Would you like information regarding:
- Bima ya Afya? Health Insurance?

Ikiwa umejibu Ndiyo kwa swali lolote kati ya 1-6 hapo juu, mfanyakazi wetu atawasiliana nawe.
If you answered Yes to any of questions in 1-6 above, a member of our staff will contact you.

Asante.
Thank You.

Jina la mtu aliyejaza fomu hii kwa herufi kubwa
Printed name of person who completed this form

Tarehe (mwezi/siku/mwaka)
Date (mm/dd/yyyy)

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