# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
# COMMUNITY RECEPTION CENTER (CRC) TEMPLATE

Barcode or ID Number:

## MEDICAL ASSESSMENT

**INSTRUCTIONS:** **This section should be completed by the health professional conducting the medical assessment.**

**E1.** Date (MM/DD/YYYY): / /

**E2.** Time (Military Time): :

**E3.** Patient Name (Last, First, Middle Initial):

**E4.** Patient Date of birth (MM/DD/YYYY): / /

**E5.** Have you been through decontamination today? ☐ Yes ☐ No

Have you ever had a doctor diagnose you with:

**E6.** Cancer ☐ Yes ☐ No **a.** If yes, site ________________ **b.** If yes, date of diagnosis _____________

**E7.** Hypertension ☐ Yes ☐ No

**E8.** Stroke ☐ Yes ☐ No

**E9.** Asthma ☐ Yes ☐ No

**E10.** Heart Disease ☐ Yes ☐ No

**E11.** Seizure ☐ Yes ☐ No

**E12.** Renal Disease ☐ Yes ☐ No

**E13.** Diabetes ☐ Yes ☐ No

**E14.** Immunocompromised ☐ Yes ☐ No

**E15.** COPD ☐ Yes ☐ No

**E16.** Other ☐ Yes ☐ No **a.** If yes, specify ____________________

**E17.** Has the individual received nuclear medicine or radiation therapy procedures during the last 30 days?

☐ Yes ☐ No ☐ Unknown

**Instructions:** **If yes, complete the table below.**

| Procedure | | Date (MM/DD/YYYY) |
|---|---|---|
| **E18.** Cardiac Stress Test | ☐ Yes ☐ No | **a.** |
| **E19.** Lung Ventilation Scan/Positron Emission Tomography/Bone Scan | ☐ Yes ☐ No | **a.** |
| **E20.** Thyroid Uptake or Ablation | ☐ Yes ☐ No | **a.** |
| **E21.** Other nuclear medicine or radiation therapy | ☐ Yes ☐ No | |
| **a.** If yes, specify: ________________________________________________ | | **b.** |
| **E22.** External Radiation Beam Therapy | ☐ Yes ☐ No | **a.** |
| **E23.** Implanted radioactive seeds (Brachytherapy) | ☐ Yes ☐ No | **a.** |

**E24.** Name of Health Professional Completing Form (Last, First, Middle Initial):

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**INSTRUCTIONS**

| DOSE ASSESSMENT | |
|---|---|
| E1 | Current date in month, day, year format |
| E2 | Current time using 24 hour clock (i.e. 1:15 pm is 13:15) |
| E3 | Patient's last name, first name, and middle initial |
| E4 | Patient's date of birth |
| E5 | Has the patient has been through decontamination today |
| E6 | Past medical history of cancer |
| E6a | If past medical history of cancer, site |
| E6b | If past medical history of cancer, date of diagnosis |
| E7 | Past medical history of hypertension |
| E8 | Past medical history of stroke |
| E9 | Past medical history of asthma |
| E10 | Past medical history of heart disease |
| E11 | Past medical history of seizure |
| E12 | Past medical history of renal disease |
| E13 | Past medical history of diabetes |
| E14 | Past medical history of immunocompromised status |
| E15 | Past medical history of COPD (chronic obstructive pulmonary syndrome) |
| E16 | Past medical history of other condition |
| E16a | If past medical history of other condition, specify condition(s) |
| E17 | Individual's history of nuclear medicine or radiation therapy procedures during the last 30 days. If yes, complete the table following this question. |
| E18 | History of cardiac stress test during last 30 days |
| E18a | If history of cardiac stress test during last 30 days, date of procedure |
| E19 | History of lung ventilation scan, positron emission tomography, or bone scan during last 30 days |
| E19a | If history of lung ventilation scan, positron emission tomography, or bone scan during last 30 days, date of procedure |
| E20 | History of thyroid update or ablation during last 30 days |
| E20a | If history of thyroid update or ablation during last 30 days, date of procedure |
| E21 | History of other nuclear medicine or radiation therapy procedures during the last 30 days |
| E21a | If history of other nuclear medicine or radiation therapy procedures during the last 30 days, specify procedure(s) |
| E21b | If history of other nuclear medicine or radiation therapy procedures during the last 30 days, date(s) of procedure(s) |
| E22 | History of external radiation beam therapy during the last 30 days |
| E22a | If history of external radiation beam therapy during the last 30 days, date of procedure |
| E23 | History of implanted radioactive seeds, or brachytherapy, during the last 30 days |
| E23a | If history of implanted radioactive seeds, or brachytherapy, during the last 30 days, date of procedure |
| E24 | Health professional's last name, first name, and middle initial |