

Client Needs Assessment/Student Observer Worksheet

This worksheet is for students who have assisted with a forensic medical exam. Please fill out the form below to assist with our data collection endeavors and help us learn more about our clients and their needs. **NB: the medical and social resources needs assessment at the bottom of this form should be completed before or after the forensic exam takes place.**

Student Name *

First Name

Last Name

Client ID Code *

This code should have been emailed to you by the case scheduler prior to your examination date.

Clinician Name *

First Name

Last Name

Date of Exam *

MM

DD

YYYY

Location of Exam *

Client consents to providing the following information and understands that this information is confidential. The information will be used to provide resources to the client and for research purposes. All data for research is de-identified *

Yes ▾

No ▾

Client Demographics

Client Age

Client Gender

Female - Cisgender

Male - Cisgender

Female - Transgender

Male - Transgender

Nonbinary

Does the individual identify as LGBTQIA+?

Yes ▾

No ▾

Languages spoken

- English
- Spanish
- French
- Other

Country of origin

Migration History

How long has the client been in the US?

Has the client spent time in a detention center?

Yes ▾

No ▾

If yes, how long was the client in a detention center?

Does the client have family in the US?

Yes ▾

No ▾

Does the client have family in their country of origin?

Yes ▾

No ▾

Describe the client's legal representation

Pro bono

Hired/Paid for attorney

Unsure

Client's reasons for seeking asylum

This information can be obtained from client records and/or from your observations during the interview.

Did the client experience physical harm?

Yes ▾

No ▾

If yes, were physical findings present?

Yes ▾

No ▾

Did the client experience psychological harm?

Yes ▾

No ▾

Has the client experienced psychological symptoms?

Yes ▾

No ▾

Exam Workflow

How long did the exam with the provider last?

Was an interpreter used?

Yes ▾

No ▾

What was your role as a student?

- Observing
- Taking photos
- Taking notes
- Interviewing the client
- Physical exam
- Drafting the affidavit

Was the interview or exam disturbing to you in any way?

Yes ▾

No ▾

Would you like to be contacted by staff from the KHRC to discuss your experience?

Yes ▾

No ▾

Medical and Social Resources Needs Assessment: These questions are specific to the client's access to medical and social resources in the US rather than in their country of origin. *Please fill this section out before or after the forensic exam takes place.

What is the address of your attorney's office?

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

In which neighborhood or area would you like us to search for medical and social resources?

Have you applied for asylum?

- Yes
 No

Do you have a regular clinic where you get medical care here in Los Angeles?

Yes ▾

No ▾

If yes, which clinic do you go to?

Do you have health insurance?

Yes ▾

No ▾

If yes, which type of health insurance do you have?

Medi-Cal

Medicare

Private Insurance

Other

Do you ever eat less food than you want because of not having enough money for food?

Yes ▾

No ▾

Do you have stable and secure housing?

Yes ▾

No ▾

If no, please describe the client's current housing situation.

Do you have a job?

Yes ▾

No ▾

If yes, what is your job?

Please check the following resources for which the client needs information:

- Medical Care
- Health Insurance
- Food
- Housing
- ESL Classes
- Job training
- Education
- Childcare