



## Objectives: Immigrants

1. As part of the periodic health assessment of newly arrived immigrants:
  - a. Assess vaccination status (as it may not be up to date)
  - b. Provide the necessary vaccinations to update their status
2. As part of the ongoing care of immigrants, modify your approach (when possible), as required by their cultural context (e.g. history given only by husband, may refuse examinations by male physicians, language barriers).
3. When dealing with language barriers, make an effort to obtain the history with the help of a medical interpreter and recognize the limitations of all interpreters (e.g. different agendas, lack of medical knowledge, something to hide).
4. As part of the ongoing care of all immigrants (particularly those who appear not to be coping):
  - a. Screen for depression because they are at higher risk
  - b. Inquire about a past history of abuse or torture
  - c. Assess patients for availability of resources for support (e.g. family, community organizations).
5. In immigrants presenting with new or ongoing medical conditions, consider in the differential diagnosis, infectious diseases acquired before immigration (e.g. malaria, parasitic disease, tuberculosis).
6. As part of the ongoing care of all immigrants, inquire about the use of alternative healers, practices and/or medications (e.g. “natural” or herbal medicine, spiritual healers, medications from different countries, moxibustion).

\*\* Mapped to the CFPC’s 105 priority topics: #50-Immigrants