\* Name Sticker \*

**[NAME OF HEALTH CENTER] Adolescent Screening Visit**

**S:** *Health Center assessment for [NAME OF SCHOOL/GRADE] students*

**Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to Text?** □ Yes □ No **Ok to leave voice message:** □Yes □No

***□* Vital signs deferred** **Meds***□* none, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Allergies** *□* none,or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last PE (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist: Y N Last Dental exam: \_\_\_\_\_\_\_**

**Use glasses?: \_\_\_\_\_\_ Trouble seeing?:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Strengths:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home (who do you live with?):** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities:** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drugs/Alcohol/Tobacco:** *□none* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emotions:** *□stable* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety/Abuse/Gangs/Fights:** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transition to US:** *(country of origin, when arrived,**legal need?)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* MLP referral offered; patient: □ Accepted □ Declined

**Nutrition:** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* During the last month, how often did you worry that food at home would run out before your family got money to buy more? □ A lot □ Sometimes □Never
* During the last month, how often did the food that your family buy run out, and you didn’t have money to buy more? □ A lot □ Sometimes □Never

**General health:** *□no concerns* OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL HEALTH HISTORY**

Last SA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Protected? □Y □N Penile vaginal sex? □Y □N Date of Sexual Debut: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type/s of Protection:\_\_\_\_\_\_ Partners: □Male □Female □Another:\_\_\_\_\_\_ # lifetime partners?\_\_\_\_\_ # last 3 mos?\_\_\_\_\_

Sexuality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last STI Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ever STI+? □Y:\_\_\_\_\_\_\_\_\_\_\_\_\_ □N

Protection Use: □ Always □ Most of the time □ Sometimes □ Never

LMP:\_\_\_or: □no menarche All penile-vaginal sex since LMP protected? □Y □N ECP indicated? □Yes □No BCM?: \_\_\_\_

**O**: **General: well. Further PE deferred**

**A/P**:

**1)** Sexual Health

* Current pregnancy prevention method:

◻Abstinence ◻Condoms ◻Pill ◻Patch ◻Ring ◻Injection ◻IUD ◻Implant ◻Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Discussed pregnancy prevention and encouraged 100% condom use

◻ 5 condoms and personal lubricant dispensed ◻ 1 condom dispensed ◻ declines condoms

* Discussed HIV, GC/CT transmission and prevention. Recommended GC/CT and HIV testing after every new partner or once/year, whichever comes first.

**2)** Health Maintenance: recommend a physical exam every 1-2 years and a dental exam twice per year.

* CAIR reviewed and up-to-date
* CAIR reviewed and missing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CAIR record not available for review

**3)** Follow-up: NP will contact patient for abnormal lab results if patient was tested for GC/CT and/or HIV.

* F/up with SBHC medical provider for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with outside PCP for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with SBHC dental for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with SBHC health educator for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with SBHC Youth Heart vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with MLP legal services for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* F/up with SBHC IBHC for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ <2 weeks ◻ >2 weeks

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ I reviewed the above and agree with the assessment & plan