

ADOLESCENT HEALTH CHECK TEMPLATE - REVISED

CONSULTATION DETAILS

PROMPTS FOR YOUTH-FRIENDLY PRACTICE:

Rapport, Affirm attendance, Confidentiality statement with exceptions, Explain Medicare, Discuss billing policy, Check consent, Separate patient file, Time alone &/vs. time with parent/ guardian/ partner

Name:		Assessment Date:		
D.O.B:		Gender:		
Doctor:		Nurse:		
Medicare Item No	23 <input type="checkbox"/>	36 <input type="checkbox"/>	44 <input type="checkbox"/>	Other:
Confidentiality statement with exceptions provided	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Young person seen alone	Yes <input type="checkbox"/> <i>(entire consultation)</i>	Yes <input type="checkbox"/> <i>(part of consultation)</i>	No <input type="checkbox"/>	Chaperone for examination: <i>(or N/A; offered and declined)</i>
Who accompanied				
Preferred patient contact method & time				

PATIENT INFORMATION

Culture & Language

How does the young person identify culturally; any cultural issues that could affect their healthy development.

Assessment of Early/Middle/Late Adolescence

Early

Middle

Late

Physical assessment and preventive health

Consider - rapport, trust, chaperone, normality, explanation & reassurance.

Tanner stage <i>(NB self-reported?)</i>		Adolescent immunisations	Up to date <input type="checkbox"/>
			Missing <i>(specify)</i> <input type="checkbox"/>
Menarche	N/A <input type="checkbox"/>	Last chlamydia	N/A <input type="checkbox"/>
BMI		Last Pap smear	N/A <input type="checkbox"/>
Other			

HEEADSSS PSYCHOSOCIAL ASSESSMENT

Explain reasons for delving into sensitive areas and ask permission to proceed; consider third-person approach to sensitive questions; look for protective as well as risk factors

H - Home (Consider - living arrangements, transience, relationships with carers/significant others, supervision, childhood experiences, family cultural background/s)

E - Education, Employment (Consider - school/work retention & relationships, bullying, belonging, study/ career progress & goals, change in grades / performance)

E - Eating, Exercise (Consider - nutrition, eating patterns including recent changes, vegetarianism, weight gain/loss, physical activity, fitness, energy, preoccupation with weight or body image, attempts to lose or control weight or bulk up including restricting, purging, supplements)

A - Activities, Hobbies & Peer Relationships (Consider - free time, hobbies including screen time and use of technology, culture, belonging to peer group, peer activities & venues, involvement in organised sport, religion, lifestyle factors, risk-taking, including managing chronic illness and adjustments in adolescence, injury avoidance, sun protection)

D - Drug Use (Consider - alcohol, cigarettes, caffeine, prescription/Illicit drugs and type, quantity, frequency, administration, interactions, access, increases/decreases- treatments, education, motivational interviewing)

S - Sexual Activity & Sexuality (Consider - knowledge, sexual activity, age onset, safe sex practices, same sex attraction +/- activity, sexual identity, STI screening, unwanted sex +/- sexual abuse, pregnancy/children)

S - Suicide, Depression, Anxiety & Mental Health (Consider - normal vs clinical, mood, anxiety symptoms vs stress, change in sleep patterns, self-harm, suicidal thoughts/ideation/intent/method/past attempts/treatment, depression score & mental state exam)

S - Safety, Spirituality (Consider - sun screen protection, bullying, abuse, traumatic experiences, risky behaviour, belief, religion; what helps them relax, escape? what gives them a sense of meaning?)

CARE NETWORK: OTHER SERVICES/ ADULTS INVOLVED IN CARE AND SUPPORT

Consider any of the following	Aware of issues/ permission to share information?	Contact details
Parent/s, Carer/s, Guardian/s <i>(Who?)</i>		
School Staff <i>(E.g. school counsellor, Year Advisor, Teacher/s, Principal)</i>		
Medical / health specialists <i>(Including psychologist/ counsellor/ allied health)</i>		
Community health services		
Family support or counselling services		
Welfare services/ NGOs		
Other		

DIAGNOSIS, RISK AND PROTECTIVE FACTORS, AND ACTIONS

Feedback – Compliment areas going well, highlight need for on-going contact, negotiate management plan

Diagnosis (e.g. medical or psychological condition, preventive health need such as under-immunisation)	Risk Factors (e.g. family conflict, bullying at school, health risk behaviours)	Protective Factors (e.g. engagement in school or extracurricular activities, positive family relationships, peer support)	Action (e.g. initiate treatment, screening, referral, provide family support, liaise with school)

FOLLOW UP

<p>Investigations/treatment/medications (Consider cost of any of above, consider bulk billing for investigations, generic prescribing)</p>	
<p>Referrals (Consider providing information about referral services and associated costs)</p>	
<p>Follow up and recall arrangements (Ok to call home number? Call mobile only? SMS?)</p>	
<p>Agreement on information to be shared with third parties:</p>	