

**SAFE CLINIC ASSESSMENT**

<b>Name:</b>		<b>Paris ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		<b>Physician:</b>
		<b>School Name:</b>

Assessment Start Date:

Assessment End Date:

**Confidential Contact Information**

Medication - Worksheet				
<b>Contraceptive Medication</b>				
New	<input type="checkbox"/>	Existing	<input type="checkbox"/>	Process
				<input type="checkbox"/>
Cancel [TIP] <input type="checkbox"/>				
Medication				
Dose	Route		Frequency	
Start Date	End Date		Duration	
Written Prescription Given	<input type="checkbox"/>	Date	Auth. Prescriber	
<b>Dispensed</b>	<input type="checkbox"/>	Number	Lot #	Expiry Date[TIP]
		Number	Lot #	Expiry Date[TIP]
		Number	Lot #	Expiry Date[TIP]
<b>Administered</b>	<input type="checkbox"/>	Number	Lot #	Expiry Date[TIP]
<b>ECP</b>				
			Process	<input type="checkbox"/>
				Cancel [TIP] <input type="checkbox"/>
Medication				
<b>Dispensed</b>	<input type="checkbox"/>	Number	Lot #	Expiry Date[TIP]
		Number	Lot #	Expiry Date[TIP]
<b>Administered</b>	<input type="checkbox"/>	Number	Lot #	Expiry Date[TIP]
<b>Other Medication</b>				
New	<input type="checkbox"/>	Existing	<input type="checkbox"/>	Process/Next
				<input type="checkbox"/>
Cancel [TIP] <input type="checkbox"/>				
Medication				
Dose	Route		Frequency	
Start Date	End Date		Duration	
Written Prescription Given	<input type="checkbox"/>	Date	Auth. Prescriber	
<b>Dispensed</b>	<input type="checkbox"/>	Doses	# of Doses	Lot #
				Expiry Date[TIP]
<b>Administered</b>	<input type="checkbox"/>	Doses	# of Doses	Lot #
				Expiry Date[TIP]

**Medications**

Medication	Dose	Route	Frequency	PRN	Start Date	End Date
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**Youth Clinic Test(s) - Batch Entry**

Test Date \_\_\_\_\_ Ordered By \_\_\_\_\_ ... Process  Cancel [TIP]

- Vital Signs      Blood Pressure      Sitting      /      mm/Hg
- PAP

**Tests/Procedures**

**Site**

- Chlamydia and Gonorrhea      ...
- Chlamydia      ...
- Gonorrhea      ...
- Bacterial Vaginosis      ...
- Yeast      ...
- Trichomonas      ...
- Herpes Simplex Virus      ...
- HIV      ...
- Hep A - antibodies      ...
- Hep A - antigen      ...
- Hep B - antibodies      ...
- Hep B - antigen      ...
- Hep C - antibodies      ...
- Syphilis RPR      ...

**Type**

**Site/Test**

**Result**

- Genital Warts      ...      ...
- Pregnancy Urine      ...      ...
- Urine Chemstik Result
  - Ketones      ...      Protein      ...
  - Glucose      ...      Leukocytes      ...
  - Nitrites      ...      Blood      ...
  - pH      ...      Urobilinogen      ...
  - Bilirubin      ...      Urine Sent for Culture and Sensitivity?       YES

**Vital Signs**

Date	BP	BP	BP	Pulse	Heart	Resp	Cel.	Fah.	Comments	Recorded By
Recorded	Sitting	Standing	Lying	Per Min.	Rate					

## Youth Clinic Activities

Activity Date

Site

### Client Care Provided

#### Contraceptive Counselling

- Initial
- Follow Up
- IUD/US Insertion

#### Pregnancy

- Pregnancy Options Counselling

#### STI

- STI counselling/education
  - Pre-test counselling
  - Post-test counselling
- STI Follow up/Treatment
- Pap Results Follow-up

#### Medical

- Other Clinical Care Provided
- Non-STI diagnostic testing ordered

#### Referrals/Consultations

- YC PHN referral/consultation
- YC Dr/NP referral/consultation
- YC Youth Counsellor referral/consultation
- Internal VCH Program Referral
- External Referral

- Client Left without being seen

#### Immunizations

- Immunizations reviewed
- Immunizations given

#### Health Promotion

- Tobacco reduction/cessation
- Nutrition//exercise
- Body Image
- Substance Use
- Relationship Safety
- Mental Health
- Sexual Orientation
- Reproductive Health
- Other:

### Clinical Notes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----