

YOUTH CLINIC ASSESSMENT V3

Name:		Paris ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		Physician:
		School Name:

Assessment Start Date:

Assessment End Date:

Confidential Contact Information

Medical History

See Medical History form from client

Comments

Medication - Worksheet



Contraceptive Medication

New ☐ Existing ☐ Process ☐ Cancel [TIP] ☐

Medication

Dose Route Frequency

Start Date End Date Duration

Written Prescription Given ☐ Date Auth. Prescriber

Dispensed ☐ Number Lot # Expiry Date[TIP]

Number Lot # Expiry Date[TIP]

Number Lot # Expiry Date[TIP]

Administered ☐ Number Lot # Expiry Date[TIP]

ECP

Process ☐ Cancel [TIP] ☐

Medication

Dispensed ☐ Number Lot # Expiry Date[TIP]

Number Lot # Expiry Date[TIP]

Administered ☐ Number Lot # Expiry Date[TIP]

Other Medication

New ☐ Existing ☐ Process/Next ☐ Cancel [TIP] ☐

Medication

Dose Route Frequency

Start Date End Date Duration

Written Prescription Given ☐ Date Auth. Prescriber

Dispensed ☐ Doses # of Doses Lot # Expiry Date[TIP]

Administered ☐ Doses # of Doses Lot # Expiry Date[TIP]

Medications

Medication	Dose	Route	Frequency	PRN	Start Date	End Date
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Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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Youth Clinic Test(s) - Batch Entry



Test Date	Ordered By	...	Process	<input type="checkbox"/>	Cancel (TIP)	<input type="checkbox"/>
<input type="checkbox"/> Vital Signs	Blood Pressure	Sitting	/	mm/Hg		
<input type="checkbox"/> PAP						

Tests/Procedures

Site

<input type="checkbox"/> Chlamydia and Gonorrhea	...
<input type="checkbox"/> Chlamydia	...
<input type="checkbox"/> Gonorrhea	...
<input type="checkbox"/> Bacterial Vaginosis	...
<input type="checkbox"/> Yeast	...
<input type="checkbox"/> Trichomonas	...
<input type="checkbox"/> Herpes Simplex Virus	...
<input type="checkbox"/> HIV	...
<input type="checkbox"/> Hep A - antibodies	...
<input type="checkbox"/> Hep A - antigen	...
<input type="checkbox"/> Hep B - antibodies	...
<input type="checkbox"/> Hep B - antigen	...
<input type="checkbox"/> Hep C - antibodies	...
<input type="checkbox"/> Syphilis RPR	...

Type

Site/Test

Result

<input type="checkbox"/> Genital Warts
<input type="checkbox"/> Pregnancy Urine
<input type="checkbox"/> Urine Chemstik Result		
Ketones	...	Protein
Glucose	...	Leukocytes
Nitrites	...	Blood
pH	...	Urobilinogen
Bilirubin	...	Urine Sent for Culture and Sensitivity?
		<input type="checkbox"/> YES

Vital Signs

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

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 -----