

# appendix one

## Adolescent Health Check Template

### Patient Details

<b>PROMPTS FOR YOUTH-FRIENDLY PRACTICE:</b> <i>Rapport, Affirm attendance, Confidentiality statement with exceptions, Explain Medicare, Discuss billing policy, Check consent, Separate patient file, Time alone &amp;/vs. time with parent/guardian/partner</i>	
<b>Patient Name</b>	
<b>Assessment Date</b>	
<b>DOB</b>	
<b>Gender</b>	
<b>Culture &amp; Language</b>	e.g. Aboriginal or TSI; Language spoken at home
<b>GP</b>	
<b>Other services/adults involved in patient care</b>	e.g. Parents, guardians, carers, agencies
<b>Medicare card number</b>	
<b>Health care card number</b>	
<b>Preferred patient contact method &amp; time</b>	

### General Assessment

<b>Health History</b>		
<b>Clinical Details – History:</b>		
Summary – Progress Notes (Current):		
Summary – Investigation Results (Selected):		
<b>Medications/Immunisation</b>		
<b>Allergies</b>		
<b>Family History</b>		
<b>Assessment of Early/Middle/Late Adolescence</b>		
Early	Middle	Late
<b>Physical Assessment</b>		
<i>Consider – rapport, trust, chaperone, normality, explanation &amp; reassurance.</i>		
<i>Consider assessments- height, weight, BMI, spiro, Tanner staging, BP, pulse, lipid and BGL check if at high risk, cervical smear, STI screen, immunisations) if not already part of progress notes.</i>		

## Adolescent Psychosocial Assessment

<b>HEEADSSS Psychosocial Assessment</b> Explain reasons for delving into sensitive areas and ask permission to proceed
<b>H- Home</b> (Consider - living arrangements, transience, relationships with carers/significant others, supervision, childhood experiences, cultural identity)
<b>E- Education, Employment, Eating, Exercise</b> (Consider - school/work retention & relationships, bullying, belonging, study/ career progress & goals)
<b>E- Eating, Exercise</b> (Consider - nutrition, vegetarianism, eating patterns, weight gain/loss, exercise, fitness, energy)
<b>A- Activities, Hobbies &amp; Peer Relationships</b> (Consider - free time, hobbies, culture, belonging to peer group, peer activities & venues, lifestyle factors, risk-taking, injury avoidance, sun protection)
<b>D- Drug Use</b> (Consider - alcohol, cigarettes, caffeine, prescription/Illicit drugs and type, quantity, frequency, administration, interactions, access, increases/decreases- treatments, education, motivational interviewing)
<b>S- Sexual Activity &amp; Sexuality</b> (Consider - knowledge, sexual activity, age onset, safe sex practices, same sex attraction, history pap smears/STI screening/abuse, pregnancy/children)
<b>S- Suicide, Depression &amp; Mental Health</b> (Consider - normal vs clinical, suicidal ideation/intent/method/past attempts/treatment, anxiety, reaction to stress, sleep- depression score & mental state exam)
<b>S- Safety, Spirituality</b> (Consider – sun screen protection, immunization, bullying, abuse, traumatic experiences, risky behaviour, belief, religion; What helps them relax, escape? What gives them a sense of meaning?)

Mental Status Examination			
<b>Appearance and General Behaviour</b>		<b>Mood</b> (Depressed/Labile)	
<b>Thinking</b> (Content/Rate/ Disturbances)		<b>Affect</b> (Flat/Blunted)	
<b>Perception</b> (Hallucinations)		<b>Sleep</b> (Initial Insomnia/Early Morning Wakening)	
<b>Cognition</b> (Level of consciousness/delirium/ intelligence)		<b>Appetite</b> (Disturbed Eating Patterns)	
<b>Attention/Concentration</b>		<b>Motivation &amp; Energy</b>	
<b>Memory</b> (Short & Long term)		<b>Judgement</b> (Ability to make rational decisions)	
<b>Insight</b>		<b>Anxiety Symptoms</b> (Physical & Emotional)	
<b>Orientation</b> (Time/place/ person)		<b>Speech</b> (Volume/Rate/ Content)	
<b>Significant cultural factors</b>		<b>Significant support person</b>	

## Risk Assessment

Consider <b>R.I.S.K.</b> guidelines: <b>R</b> - no risk = review; <b>I</b> - low risk = monitor; <b>S</b> - moderate risk = intervene; <b>K</b> - high risk = intervene			
<b>Suicidal ideation</b>		<b>Suicidal intent</b>	
<b>Current plan</b>		<b>Risk of Others</b>	

## Problem, Diagnosis and Actions

Feedback – Compliment areas going well, highlight need for on-going contact, negotiate management plan		
<b>Problem</b>	<b>Diagnosis</b>	<b>Action</b>

## Follow Up

<b>Investigations/treatment/medications:</b>	
<b>Referrals:</b> Consider providing information about referral services and associated costs	
<b>Follow up and recall arrangements:</b>	
<b>MBS items:</b> Consider use of appropriate MBS items such as GPMPs, TCAs, SIPs, HMRs & Mental Health Plans	
<b>Agreement on information to be shared with third parties:</b>	

This document will be maintained in accordance with the relevant Privacy Legislation.