ADOLESCENT/ADULT ASSESSMENT RECORD CONTINUATION NOTES

	PHALCON LABEL
Name	
Date of Service _	
CHR #	

Counselin	ıg					
□ Bone Density/Ca □ Breastfeedin □ BSE □ Contraceptiv □ Family Involve □ Folic Acid □ HIV Pre test co	gy Review	Topic Initials HIV Post Test Counseling Immunizations Infertility Lab Results-Pt to return Mammography Medication Use Nutrition Options Counseling * Pap ref/Follow-up * Partner Notification Sexual Coercion		Document any additional counseling		
SAFETY SCREENING Patient interview: 1. Do you feel safe in your home? Always Sometimes Never 2. Are you or a loved one being hurt, threatened or emotionally abused in any way? Y N Provider observations: 3. Are there visible signs of physical abuse or trafficking? (bruises, depression, etc.) Y N 4. Does patient appear to be submissive or fearful? Y N 5. Is patient accompanied by potential abuser? Y _ N _ 6. Was SW/CC requested to assist? Y Not indicated Describe as appropriate						
PT+3 Used:	Y N 3 key	y topic areas:				
1		2	3			
1		2	2	Date/Signature		
				Date/Signature		
1		2	3	Date/Signature		
Discussed Reproductive Life Plan Yes No Comments Reproductive Life Plan: Plans for (more) children? Yes No Not sure If so, when (month/years)? Contraceptive needs met today? Yes No If no, why? Referral (describe if indicated)						
Continua	tion Notes Fro	m Health Assessment:				
Date	Sign all entries					