

ADOLESCENT/ADULT ASSESSMENT RECORD

Male/Female

Chaperone/Translator Name/# _____

LMP 7/10/09 Cycles Normal





Abn _____

Comments Desires to continue COCs

No C/O; doing well on chosen method

PHALCON LABEL	
Name	<u>Family planning pt</u>
Date of Service	<u>7/13/09</u>
CHR #	<u>CHR#</u>
DOB	_____

Physical Assessment - *Complete only the asterisk items for STD visits; Bimanual exam required by NP only

System	Describe Findings
*General Appearance	<u>Appears healthy; obese, short, hispanic ♂ Bmi=32</u>
Skin	<input checked="" type="checkbox"/> Grossly Normal <input checked="" type="checkbox"/> *No Rash/Lesion <u>multiple tattoos</u>
HEENT	<input checked="" type="checkbox"/> Grossly Normal
Thyroid	<input checked="" type="checkbox"/> No Palpable Masses/No Enlargement
*Lymph Nodes	<input checked="" type="checkbox"/> No Palpable Masses
Heart	<input checked="" type="checkbox"/> Regular rate/rhythm
Lungs	<input checked="" type="checkbox"/> Clear Bilaterally
Breast/Axilla	<input checked="" type="checkbox"/> Symmetrical <input checked="" type="checkbox"/> No Dimpling <input checked="" type="checkbox"/> No Nipple Discharge <input checked="" type="checkbox"/> No Retraction <input checked="" type="checkbox"/> Nontender <input checked="" type="checkbox"/> Masses: <u>none bilaterally</u> 
*Abdomen	<input checked="" type="checkbox"/> Soft <input checked="" type="checkbox"/> Non Tender <u>large</u>
*Ext. Genitalia: Vulva	<input checked="" type="checkbox"/> Normal Female Genitalia <input checked="" type="checkbox"/> No Gross Lesions <input checked="" type="checkbox"/> Bartholin/Urethra/Skenes - Neg 
*Speculum Exam: Vagina	<input checked="" type="checkbox"/> Normal/Healthy Mucosa <input checked="" type="checkbox"/> No Gross Lesions <input type="checkbox"/> Pale, Atrophic Mucosa
Cervix	<input checked="" type="checkbox"/> No Gross Lesions CMT: <u>0</u> <u>cervix very friable</u> 
*(NP) Bimanual: Uterus	Position: <input type="checkbox"/> AV <input type="checkbox"/> RV <input checked="" type="checkbox"/> Mid <input checked="" type="checkbox"/> Nontender Size/shape: <u>NSSC</u>
Adnexae	<input checked="" type="checkbox"/> Nontender <input checked="" type="checkbox"/> No Masses
Recto-Vag	<input type="checkbox"/> Confirmatory FOBT: <input type="checkbox"/> Neg <u>deferred / Pt declined</u>
Extremities	<input checked="" type="checkbox"/> No Edema <input checked="" type="checkbox"/> No Varicosities <input checked="" type="checkbox"/> *No Rash/Lesion
*Ext. Male Genitalia/Rectum	<input type="checkbox"/> No Gross Lesions <u>NA</u> 

Assessment/Plan: 25 y/o non-smoker

① S/P calpo 12/08, missed repeat pap 6/09

② cervicitis: r/o chlamydia / trichomonas. Wet prep negative. ↑ WBCs, Pap, GC & CT done.

③ to ortho-tricyclen 2 x 1yr / 3pkc given 2° wt
(see CHR 12A p2) Jane Doe, NP Sign/Date 7/13/09

CHR 12A

**ADOLESCENT/ADULT ASSESSMENT RECORD
CONTINUATION NOTES**

PHALCON LABEL	
Name _____	
Date of Service <u>5/9/09</u>	
CHR # <u>CHR # - - - - -</u>	

Counseling

Topic	Initials	Topic	Initials	Topic	Initials	Date/Initials/Signature
<input type="checkbox"/> *Alcohol/Drug Use	_____	<input type="checkbox"/> Immunizations	_____	<input type="checkbox"/> Smoking Cessation	_____	<u>5/9/09 MD George Dunn, RN</u>
<input type="checkbox"/> Anatomy/Physiology Review	_____	<input type="checkbox"/> Infertility	_____	<input type="checkbox"/> *STD ABC Message	_____	<u>7/13/09 JD, J, Doc CRNP</u>
<input type="checkbox"/> Bone Density/Calcium	_____	<input type="checkbox"/> Mammography	_____	<input checked="" type="checkbox"/> *STD/HIV Prevention	<u>MD JD</u>	
<input type="checkbox"/> Breastfeeding	_____	<input checked="" type="checkbox"/> *Medication Use	<u>JD</u>	<input type="checkbox"/> Testicular Self Exam	_____	
<input checked="" type="checkbox"/> BSE	<u>MD JD</u>	<input checked="" type="checkbox"/> Nutrition	<u>MD</u>			
<input checked="" type="checkbox"/> Contraceptive Couns	<u>MD JD</u>	<input type="checkbox"/> Options Counseling	_____	<input checked="" type="checkbox"/> *Fact Sheets	<u>MD</u>	Document any additional counseling in the notes section below
<input type="checkbox"/> Domestic Violence	_____	<input checked="" type="checkbox"/> *Pap rel/Follow-up	<u>JD</u>	Topic(s) <u>COCs, Doxy,</u>		
<input type="checkbox"/> Family Involvement	_____	<input checked="" type="checkbox"/> *Partner Referral	<u>JD</u>	<u>Chlamydia,</u>		
<input checked="" type="checkbox"/> Folic Acid	<u>MD JD</u>	<input type="checkbox"/> Sexual Coercion	_____	<u>BSE</u>		

PT+3 Used: Y N _____ 3 key topic areas:

1. <u>method of BC</u>	2. <u>side effects</u>	3. <u>RTC 3mo</u>	<u>5/9/09</u>
			Date/Signature
2. _____	2. _____	3. _____	
			Date/Signature
3. _____	2. _____	3. _____	
			Date/Signature

Continuation Notes From Health Assessment:

Date	Sign all entries
<u>7/13/09</u>	<u>A/P cont (1) Doxycycline 100mg i p.o. Bi Dx 7 days. #14 given</u>
	<u>(2) counseled re: medts, s/es, use, risks + infections</u>
	<u>(3) RTC 3mo for COC refill + 6mo re-pap.</u>
	<u>(4) Advise partner Tx; pelvic rest for duration of Tx.</u>
	<u>(5) Counseled re: wt loss, ↑ exercise.</u>

CHR 12B