## Teen Patient Warm Hand-Off Sheet – Age 12+

Confidential CONTACT INFO:		
Special Notes re: contacting patient confidentially:		
Visit Type:		
CHDP Visit or Physical: <u>Univ</u>	iversal Private Time with Provider	
Sick/Walk-In Patients: Patient wants private tim	ne with the provider today? YES NO	
Vitals identified the following issues:		
LMP/Menstruation Issues/	Gyn	
Other – Notes:		
Patient noted issues related to the following topics:		
<b>□ н</b> оме	<b>.</b>	
☐ EDUCATION/EMPLOYME	No issues noted:	
☐ <b>A</b> CTIVITIES ☐ <b>D</b> RUGS/ALCOHOL/TOBAG	CCO	
☐ <b>S</b> EX/SEXUALITY/ROMAN		
☐ SUICIDE/DEPRESSION	U FP	
☐ <b>S</b> AFETY/BULLYING		
Additional Notes:		