Teen Patient Warm Hand-Off Sheet – Age 12+

***Confidential* CONTACT INFO:**

Special Notes re: contacting patient confidentially:

**Visit Type:**

CHDP Visit or Physical: Universal Private Time with Provider

Sick/Walk-In Patients:

Patient wants private time 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:**

* **H**OME
* **E**DUCATION/EMPLOYMENT No issues noted:
* **A**CTIVITIES
* **D**RUGS/ALCOHOL/TOBACCO

U

Initiated:

* **S**EX/SEXUALITY/ROMANTIC RELATIONSHIPS
* **S**UICIDE/DEPRESSION

FP

* **S**AFETY/BULLYING

**Additional Notes:**