2023 Minnesota Health Fairview: University of Minnesota Physicians & Fairview Health Services

HEALTH FAIRVIEW

A collaboration among the University of Minnesota, University of Minnesota Physicians and Fairview Health Services

Dear Teenager and Parent or Guardian:

Welcome to M Health Fairview Clinics. From age 12 to 19, changes take place in a teen's life and body that affect their health. Teens can benefit from talking with their doctor about these changes. Here are a few key things to note about teen visits to our clinic.

1. *Teen Screen form.* We will ask teens to fill out the Teen Screen form, in private, at every visit. This will give us updates about the teen's health.

2. *Promoting teen health.* We want teens to have the information they need to make healthy choices. We may give teens written materials or talk to them about nutrition, exercise, body image, puberty, safety, healthy relationships, sex, acne and substance use (like tobacco, alcohol and drugs). By talking with us, teens are often more likely to discuss a subject at home.

3. *Supporting parents and guardians of teens.* We are here to support parents and guardians of teens. We are happy to talk to you about parenting and common teen issues. We also have many resources on subjects like nutrition, relationships, bullying, sexual health, substance use and mental health.

4. *Private visit with a nurse or doctor.* We will support your teen as they become more independent in handling their health care. Teens are more likely to share their concerns when they are kept private. Minnesota state law gives teens the right to confidential visits for sexual health, mental health and chemical abuse. For this reason, the doctor may ask you to step out of the room for part of the visit. We will always encourage teens to talk to their parent or guardian for support. The only time we would break confidentiality is when a teen's health or safety is threatened. In that case, we will explain to the teen that we must include their parents in the discussion.

5. *Medical record access through MyChart.* Parents or guardians may have full access to a child's electronic medical record through MyChart until they are age 12. When a child reaches their 12th birthday, access will automatically be limited.

   - Teens may access their own medical record with the approval of a parent or guardian and their care team.
   - Parents or guardians may be given access to the teen's MyChart account with approval of both the teen and the care team.

We ask that you support these guidelines as your teen grows into adulthood. We look forward to caring for and growing with each teen and parent. Please talk to us about any of your concerns.

Sincerely in health,

mhealthfairview.org

Your care team at M Health Fairview

[redacted]

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Attention Teenagers:

Please complete the questions on the next page. They help us get to know you, so we can give you the best possible health care.

Your answers will be kept private unless there are concerns about your safety. If you are worried about who will see your answers, or if you have questions about any of the topics on the next page, please talk with us.

If you have a cell phone number, please write it here so we may call you privately about any test results:

Teen cell phone number: _____

May we leave detailed messages on your voice mail if needed? Yes No

Teen Screen – Preventative Care Visit

1. *Which pronouns should we use for you? ☐ He/Him ☐ She/Her ☐ They/Them ☐ Decline to answer ☐ Unknown ☐ Not Listed

2. In general, are you happy with the way things are going for you? ☐ Yes ☐ No
3. In general, do you get along with your family? ☐ Yes ☐ No
4. Do you have at least one adult you can really talk to? ☐ Yes ☐ No
5. Do you feel that you have an unusual amount of stress in your life? ☐ Yes ☐ No
6. How hard is it for you or your family to pay for food, housing, medical care, heating and other needs?
   ☐ Not hard at all ☐ Not very hard ☐ Somewhat hard ☐ Hard ☐ Very hard ☐ Decline to answer
7. Do you like the way your body looks? ☐ No ☐ Yes
8. Are you doing anything to change the way your body looks? (This could be dieting, laxatives, throwing up after you eat. It could be taking steroids, medicines or hormones.) ☐ No ☐ Yes
9. *Do you vape, use e-cigarettes, smoke cigarettes or chew tobacco? ☐ No ☐ Yes
10. *Have you ever had more than a few sips of alcohol? ☐ No ☐ Yes
11. *Have you ever used anything to get high, such as: weed, dabs, cocaine, over-the-counter medicines, heroin, acid, meth, sniffed paint or glue? ☐ No ☐ Yes
12. Are you in a gang, or have you been? ☐ No ☐ Yes
13. Do you have a gun or carry a gun, or does anyone you spend time with? ☐ No ☐ Yes
14. *Have you ever had sex (including oral, vaginal or anal sex)? ☐ No ☐ Yes
    If yes: Have you had sex with males, females or both?
    ☐ Males (Men) ☐ Females (Women) ☐ Both
15. Are you gay, lesbian, bisexual or pansexual (or wonder that you are)? ☐ No ☐ Yes ☐ Unsure
16. Do you identify as gender non-conforming or non-binary? ☐ No ☐ Yes ☐ Unsure
17. Have you had or been treated for a sexually transmitted infection (STI), or are you worried you might have an STI? (Examples: herpes, gonorrhea, chlamydia, genital warts, PID, syphilis, HIV.) ☐ No ☐ Yes
18. Have you ever been pregnant or gotten someone pregnant? ☐ No ☐ Yes
19. Would you like to become pregnant or have a baby in the next year?
    ☐ No ☐ Yes ☐ Unsure ☐ Ok either way

Please re-read the note on the first page before answering these questions.

20. *Over the last 2 weeks, how often have these things bothered you:

- Little interest or pleasure doing things.
  ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
- Feeling down, depressed or hopeless.
  ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

21. Have you ever had thoughts of cutting or hurting yourself, or have you had thoughts of ending your life? ☐ No ☐ Yes

22. Do you feel afraid in any of your relationships? ☐ No ☐ Yes

23. Have you ever been physically or sexually abused or mistreated (kicked, punched, forced or tricked into having sex, touched on your private parts)? ☐ No ☐ Yes

24. Are there other questions that you need to discuss today? ☐ No ☐ Yes

If yes: Please explain below.
(Due to time limits, we may need to discuss concerns at a future visit.)

Questions with (*) will be included in your notes from today's visit, but will not be released or visible to anyone other than you and your providers.