Counseling Adolescents Seeking Family Planning Services
A CHECKLIST FOR PROVIDERS

Every family planning visit with an adolescent is an opportunity to promote optimal health outcomes. This checklist outlines components of comprehensive family planning and other preventive health services for adolescents in accordance with recommendations from CDC and OPA, and AAP, and ACOG.

Initiating the Adolescent’s Visit

Title X services must be provided to adolescents on a voluntary basis and without required parental consent. Always see an adolescent client alone for a portion of the visit.

Reason for Visit
- Primary reason for visit
- Other sources of care (if no other regular source of primary care, provide other preventive health services. See other side.)

Medical and Family History
- General health status
- Review of systems
- Health conditions
- Allergies
- Medication use
- Mental health and depression
- Past surgeries, specialty care, or emergency care
- Immunization status
- Family history

Comprehensive Family Planning Services for Adolescents

Reproductive Health History
- Menstrual history
- Reproductive history and goals
- Physical/sexual development; gender identity
- Sexual history (partners, practices, protection, past history of STDs, pregnancy prevention)
- Sexual coercion

Social History and Development
- Strengths and protective factors
- Social risks
- Family participation

NOTES: CDC = Centers for Disease Control and Prevention; OPA = Office of Population Affairs; AAP = American Academy of Pediatrics; ACOG = American College of Obstetricians and Gynecologists; STD = sexually transmitted disease; Tdap = tetanus-diphtheria-acellular pertussis; HPV = human papillomavirus; MMR = measles–mumps–rubella; TB = tuberculosis
Other Preventive Health Services for Adolescents

Assess the adolescent client’s need for other preventive health services and provide or refer for these services in accordance with clinical recommendations.2

HEALTH PROMOTING BEHAVIORS

- Body mass index
- Healthy diet
- Body image
- Physical activity
- Sleep quality and quantity

ALCOHOL, TOBACCO, AND OTHER DRUG USE7

- Alcohol
- Marijuana
- Tobacco or nicotine products
- Substances to get high, relax, or sleep

OTHER SAFETY AND HEALTH RISKS

- Oral health, including fluoride supplementation
- Injury prevention
- Safe driving/riding practices
- Skin exposure to ultraviolet rays
- Screen time and internet/phone safety
- Piercings and tattoos

IMMUNIZATIONS8

- Universal: flu, meningococcal, Tdap, HPV
- Catch up: inactivated poliovirus, MMR, varicella, hepatitis A
- At clinical discretion: meningococcal B

OTHER SERVICES AND SCREENINGS4

- Based on age: hearing and vision
- Based on risk: anemia, TB, dyslipidemia
- Other resources or referrals

NEXT VISIT

- Schedule follow-up visit as indicated

REFERENCES

8 CDC. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. United States, 2019

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