

## ASV Script & Referrals Guidance

Step	EPIC question	Script	What EPIC pulls into template automatically	Notes to make in chart	Referrals
<b>Introduction</b>					
Confirm you are speaking to correct pt		Hello, can I please speak with PT FIRST NAME ONLY?			
Introduce yourself	Reason for Visit:	Hello! My name is NAME and I am ROLE. Each year, we invite students to our clinic to get to know you and to see if there is any kind of support we can offer you. This year, since we can't do that in person, we are doing the same thing over calls like this. I will need to start by completing some consent forms with you, but I want to let you know that all the questions I ask today are questions we ask everyone. If you don't feel comfortable answering any of the questions, just let me know and we can skip it.	Patient PT NAME is a PT AGE year old here for an adolescent screening visit.		
Confidentiality statement		<i>If consents are NOT needed:</i> Everything we discuss in this session is confidential, which means whatever you say here will stay within the clinic. There are a few exceptions to that, which include: if you tell me that you or another young person are being physically emotionally or sexually harmed by an adult now or in the past, or if someone over 14 is having sex with someone under 14. This would also be the case if you tell me that you are a risk to yourself or others, which			

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		<p>means if you are considering killing yourself or hurting yourself or someone else seriously in a way that would require medical attention.</p> <p><i>If consents ARE needed:</i> By law in California, if you are 12 or older, you can receive services related to sexual health and mental health without permission from your parents or legal guardian. That is your right. Information about your health will be kept confidential, which means whatever you say here will stay within the clinic. There are a few exceptions to that, which include: if you tell me that you or another young person are being physically emotionally or sexually harmed by an adult now or in the past, or if someone over 14 is having sex with someone under 14. This would also be the case if you tell me that you are a risk to yourself or others, which means if you are considering killing yourself or hurting yourself or someone else seriously in a way that would require medical attention.</p>			
Teach back		Ok? So can you tell me the times I cannot keep something confidential?			
<i>Telehealth only:</i> Confirm		Before we continue, I want to make a plan in case we get disconnected on our call today. If that happens,			

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disconnection plan		can I plan to call you back at this same number or is there a different one to use instead?			
<i>Telehealth only:</i> Confirm pt location		I'm just going to make sure we have the most updated information. Do you still live at XYZ?  Great, are you at home right now? If not, where are you?		If pt shared updated address, update address in Demographics	
Vitals	Vitals	<i>Defer if telehealth:</i> BP, Pulse, Temp, Weight	All vitals completed in Rooming tab will be pulled in. For more pts, all will be empty besides LMP.	Add to Rooming tab	
<b>Pt Information</b>					
Name	Preferred name	What is your preferred name?  If different preferred name than what is listed in chart: Thank you for sharing that with me. Is this a name you want everyone in La Clinica to call you – or is it a name you only prefer me to use for now?	Patient legal name listed in chart	If preferred name is different than what's listed, delete name pulled in and edit in note.  If pt wants name updated in chart for all to see, add preferred name in Demographics section	

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SOGI	Sex assigned at birth  Sexuality  Gender identity  Patient pronouns	What was the sex you were assigned at birth?  How would you describe your sexuality? Gay? Straight? Lesbian? Bisexual? Queer? Pansexual? Questioning? Asexual? Other?  What is your gender identity? What are your pronouns?  Moving forward, I want you to know that I will default to using anatomic terms for body parts and body processes. Are there other terms you would like me to use instead? Please correct me as we go if something does not feel good.	EPIC brings in your answers from SOGI section of Rooming	Update this section in SOGI section of Rooming. When you refresh notes, it will bring in updates.	If pt shares that they are questioning gender or sexuality or discloses challenges sharing with community/family, potential IBHC referral.
Phone	Confidential phone number (bold preferred confidential #)	The phone number we have on file for you is XXX (see number EPIC brings in). Is this the best phone number to reach you? Is it confidential, meaning are you the only one who answers it or listens to messages on this number?	Home Phone Mobile	BOLD confidential number in note and make any adjustments in Demographics	
<b>Social History</b>					
SSHADESS	SSHADESS {SBHCcompleted /reviewed/deferred:38510} in Social Documentation section. If deferred, complete the following:	See below for ASV required SSHADESS questions.		Choose "Completed" if able to answer all SHADESS questions today in Social Documentation. Choose "Deferred" if only able to complete the	

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				portion required below.	
S	Strengths: ***	<p>What are 2 of your strengths? If I ask a friend of yours to tell me about your best qualities, what would they say?</p>		Add answers to questions in Notes and then paste into appropriate section of SHADESS in Social Documentation after	If they can't think of any, make an IBHC referral
S	School: ***	<p>What school do you go to? What grade are you in? How is your adjustment to remote learning going? How are your grades? Have you missed school very much recently or had issues connecting with your teachers over the computer?</p> <p><i>If they are Cs or lower, ask: do you have any academic help? Would you like (more) help? Write down the support they're getting</i></p> <p><i>If they're absent often, ask why.</i></p>			<p>If absent often, refer to IBHC.</p> <p>If having issues connecting, or need computer, warm handoff to IBHCs or school resource.</p> <p>Refer to IBHC if it would help them to talk to a counselor about how school's going for them.</p>
H	Home: ***	Who do you live with? Who can you get support from at home? Do you get along with people at home?		Be able to get enough information	If they don't feel supported and/or

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		<p>For any siblings get their ages (How old is your ____?)</p> <p><i>Defer if telehealth: Do you feel safe at home?</i></p>		<p>to list individuals, mom, grandmother, sister.</p> <p>If they don't have a trusted adult at home, write down trusted adult in their life.</p>	<p>safe and/or don't get along with anyone at home, make IBHC referral</p>
A	Activities: ***	<p>What activities do you do outside of school? Are you in any clubs, sports teams, work, arts, etc?</p>			<p>If the young person isn't involved with anything, potential IBHC referral</p>
D	Drugs/Alcohol/Tobacco: ***	<p>Does someone smoke in your house? <i>If YES, get a sense of where</i> (Inside the house or outside?). How often?</p> <p>Do you do any drugs? Do you smoke marijuana, use marijuana products or vape? Do you drink alcohol? Do you smoke cigarettes or use tobacco?</p> <p><i>If the young person does do any of these,</i></p> <ol style="list-style-type: none"> <li>1. Get a sense of amount and frequency (How much do you smoke each week? How old were you when you started smoking?) and how old they were when they started</li> </ol>			<p>See #2 &amp; #3 in script section</p>

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		<p>2. Safety (ask: do you drink and drive? Use drugs and drive? Have you been in a car with someone under the influence?)</p> <p>3. Emotional state when doing drugs (How do you feel when you smoke/drink/use drugs? Would you be interested in talking to a counselor about this? (IBHC referral)</p>			
E	Emotions: ***	<p>How do you feel today? How would you describe how you feel emotionally (happy, sad, depressed, stressed, anxious, angry, etc.)?</p> <p><i>If any negative emotions shared, Have you ever been given a mental health diagnosis, like anxiety or depression? Have you ever talked to a counselor before about XXX? When was that and do you still see that counselor?</i></p> <p><i>Defer if telehealth: Have you ever considered suicide or felt that it would be better if you were dead? Have you ever tried to hurt yourself or someone else?</i></p>			<p>If they answer with anything concerning make an IBHC referral</p> <p>If what they talk about sounds urgent, contact IBHC or provider on call immediately!</p>
S	Safety/Abuse/Gangs/Fights: ***	<p>Have you ever been involved in any gang activity? Have you ever been in a fight? Since everyone is at home now, we want to make sure people feel safe. Do you have any safety concerns you would like to talk to a medical provider or counselor about further?</p>			<p>If they answer yes to safety question, immediately loop in provider and on-call IBHC for warm hand-off. Be sure</p>

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					<p>to notify HE Sup afterwards</p> <p>If they answer with anything else concerning, get any relevant details, and make an IBHC referral</p> <p>If what they talk about sounds urgent contact IBHC or provider on call immediately!</p>
Immigration	Transition to US: ***	<p>Where were you born? Where were your parents born?</p> <p><i>If either were born outside the US ask:</i></p> <ol style="list-style-type: none"> <li>1. Does your family have a lawyer helping with your immigration case? (we have a lawyer named Mindy. Mindy helps our students and families with legal problems for free. The recommendation is that everyone who immigrated to the US has a lawyer to help them)</li> </ol>			If pt. wants lawyer to contact their parents, complete the MLP referral form with the pt. Make sure to get parent's phone number. Note that MLP referral was completed in FU section of notes.



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		<p>2. Would you like for the lawyer to contact your parents or for your parents to contact the lawyer?</p>			<p>If pt. wants their parents to contact the lawyer, give MLP flyer to pt. Note that MLP flyer was given in FU notes.</p>
BH Screens	Behavioral health screen completed on *** (date).	<p><i>Defer if telehealth.</i></p> <p>If in person visit, give BH screen handout to patient and ask them to complete form. Once done, review results and add to EPIC.</p>	Flowsheets --> SA186 BH Screens (Hover over "Care Gaps" section on the left and click green checks --> if depression or alcohol/drugs screens are due, click "SA186 PHQ" hyperlink)	<p>Add date most recently completed and, if due for screen:</p> <ol style="list-style-type: none"> <li>1. For telehealth, write "deferred until in person visit".</li> <li>2. For in person, add date completed.</li> </ol>	<p>If PHQ9 score of 10+ or if trauma screen is +: recommend IBHC referral.</p>
<b>Medical History</b>					
Medications	Medication changes: ***	<p>Are you taking any medications?</p> <p><i>IF YES</i>, how often and for what? If someone uses an inhaler, ask, What is the name of the inhaler? (brainstorm with them: Albuterol, Pulmicort, etc.)</p>	Medications and allergies reviewed.	Add any medications to note.	

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PCP	Pt Primary Care Provider	<p>Do you have a doctor you go to consistently? Where?</p> <p>Do you know the organization or the name of the doctor? (Brainstorm with them: La Clinica, Kaiser, etc.)</p>	Pt PCP will be pulled into note. Default will automatically list provider at pt site as PCP.	If pt shares PCP that is different than provider listed, delete what's listed and write correct provider.	If the student doesn't have a PCP ask, are you interested in seeing getting medical services with us here? Add as referral in FU section of note
Physical	Last PE: ***	<p>When was the last time that you completed a physical exam or a sports physical? What month and year?</p> <p><i>If greater than 1 year ago ask, would you like to see a medical provider here at La Clinica? Add referral in FU section of note.</i></p> <p><i>Explain that it is recommended for young people to get a physical annually.</i></p>		Write date of last PE in note.	<p>If pt is due for PE and wants to see someone at LC, refer to medical provider.</p> <p>NOTE: If Kaiser patient, refer to Kaiser for PE.</p>
Immunizations	Vaccines reviewed: ***	<p><i>If due for any vaccines, discuss:</i> It looks like you are due for XXX vaccine, according to our clinic. Can I schedule an appointment for you to come to the clinic to get this vaccine?</p> <p>Flu shots: Have you gotten your flu shot this year?</p> <ul style="list-style-type: none"> <li>• <i>If yes, when/where?</i></li> <li>• <i>If no, Flu shots are extra important this year because they will help us avoid being sick in a</i></li> </ul>			<p>If due for any vaccines or wants flu shot at LC, refer to medical provider.</p> <p>NOTE: If Kaiser patient, refer to Kaiser for all</p>

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		<p>way that might be mistaken as COVID. Would you like to schedule an appointment at LC to get your flu shot?</p> <p>COVID vaccine (if 12+): Have you gotten your COVID vaccine?</p> <ul style="list-style-type: none"> <li>• <i>If yes</i>, when/where?</li> <li>• <i>If no</i>, would you like to schedule an appointment at LC to get your COVID vaccine?</li> </ul> <p>Engage in health coaching around COVID vaccine!</p>			vaccines EXCEPT COVID vaccine.
Last period	LMP OR No LMP recorded.	Do you get your period consistently? When was the first day of your most recent period?(Exact Date if possible)	LMP will automatically get pulled into chart from Vitals section of Rooming. If not already updated, update in Rooming and refresh note.		
Period	Menses, if applicable: {SA186 Regular Periods:35601::"regular"} {sa30 light /moderate /heavy:17662}	<p>Regularity: How many days does your period normally last you?</p> <p>Does your period always last the same number of days and come at the same time in the month?</p>		Choose answers from dropdown menu	If very painful cramps or inconsistent periods, offer referral to HE or medical provider

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	{SBHCperiodcramps:38511}	<p>Intensity: Are your periods usually light, moderate or heavy?</p> <p>Cramps: Do you get cramps when you have your period? If yes, how severe are they? Can you treat them with Tylenol or over the counter medications?</p>			
BMI	Body mass index is XYZ	N/A	BMI calculated in chart will get pulled in	N/A	
Dental	Dentist: ***	<p>Do you have a dentist? When was the last time that you went to the dentist for a cleaning?</p> <p><i>If NO or more than 1 year ago, would you like to be seen at one of our LC sites for dental services? Add referral in FU section of note</i></p> <p><i>Explain that it is recommended for young people to do dental cleaning 2X/year.</i></p>		Write down month and year of last cleaning	If pt is due for a cleaning and wants to see someone at LC, refer to dental
Optical	Use glasses?: ***	<p>Do you use glasses or contacts?</p> <ul style="list-style-type: none"> <li><i>If YES, do you have optometrist you can see when you need?</i></li> <li><i>If NO, would you like to be referred to Youth Heart Health Center to get vision services? Add referral in FU section of notes</i></li> </ul>		Write Yes/No and whether pt has optometrist	<p>If pt doesn't have an optometrist and wants to see someone at LC, refer to optical</p> <p>NOTE: If patient has Kaiser, refer there for optical</p>

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					needs. YHHC can't accept Blue Cross Medi-Cal so send to Family Optical or give list of optometrists that accept Medi-Cal.
	Trouble seeing?: ***	<p>Do you have any trouble seeing? Any trouble seeing close to you, like when you are reading or with seeing far away, like seeing the whiteboard at school?</p> <ul style="list-style-type: none"> <li><i>If YES</i>, would you like to be referred to Youth Heart Health Center to get vision services? Add referral in FU section of notes</li> </ul>		Write Yes/No and if they have trouble seeing up close or far away.	<p>If trouble seeing and wants to see someone at LC, refer to optical.</p> <p>NOTE: If patient has Kaiser, refer there for optical needs. YHHC can't accept Blue Cross Medi-Cal so send to Family Optical or give list of optometrists that accept Medi-Cal.</p>
General health	Medical conditions: ***	Do you have any medical conditions or any questions about your health that we have not talked about yet?		If yes, note them down and get (minimal) relevant details	If yes and there are concerns, offer referral to medical provider.
Questions	Medical questions or concerns: ***				

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<b>Nutrition</b>					
Food insecurity	Food insecurity Worry: Not on file Inability: Not on file	<p>Worry: Within the past 12 months, how often were you worried that your food would run out before you got the money to buy more?</p> <p>Inability: Within the past 12 months, how often did groceries run out and you didn't have money to buy more?</p> <p>Would you like assistance with any of the above questions?</p>	Flowsheets --> Food Insecurity	Update this section in Flowsheets. When you refresh notes, it will bring in updates.	If yes to either question, offer OUSD food pick-up near their school and/or list of food support (from community resources guide). Potential IBHC referral too.
Nutrition concerns	Desire to change nutrition: ***	<p>During COVID, some folks have noticed that their food and/or exercise rhythms and/or their feelings about their bodies have changed. What have you been feeling recently about the way your body (or food/exercise) looks, feels, etc.?</p> <p>Is there anything you want to change about how you eat? How many times/day do you eat? Was it because you didn't have food or was it your choice?</p>		Write Yes or No and short explanation if yes.	If yes, refer to HE or medical provider for nutrition visit
<b>Sexual History</b>					
Relationship status	Current Partner (s): ***	<p>Are you currently in a relationship or "talking to someone(s)"? Have you ever done so?</p> <p><i>Defer if telehealth:</i> Do you feel safe physically, mentally, and emotionally with your boyfriend/girlfriend/partner, etc? Do you feel</p>		Note answer and denote that healthy relationships are discussed if done.	For anything concerning, make an IBHC referral and discuss with provider/IBHC.

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		comfortable talking with them about birth control, protection, STI testing and your sexual history with other previous partners?			
Sex of partner	Sex of partner (s): {Males Females Both:21483}	What are the sexes of your sexual partners? Boys? Girls? Both? Trans? Other?  When talking about health and sex, understanding what body parts you have and what body parts you have sexual contact with helps me share correct health information with you.		Choose from dropdown menu	
Sexual activity	Sexually Active: {SBHCsexuallyactive:38513}	Have you ever had sex of any kind? Oral/ mouth to penis/vagina [pause], vaginal / penis in vagina [pause], or anal / penis in anus [pause]?		Choose from dropdown menu and, if yes, note age of sexual debut.	
Type of sex	Type of sex: {SA186 Teen Type of Sex:35495}	<i>If YES</i> , how old were you the first time you had sex? What kind of sex was it?		Choose from dropdown menu.	
Condom use	Condoms: {SA15 ALWAYS / SOMETIMES / NEVER:14395}	Do you do anything to prevent STIs and pregnancy? How often do you use that kind of protection? How often would you say you use condoms?  <i>Discuss WHY:</i> What are some of the factors you consider when deciding whether to use protection or not? Would you like to be referred to the health educator to talk about this further?		Choose from dropdown menu.	If student is sexually active and could benefit from barrier protection, offer condoms and lube. If concerns come up or pt wants to discuss further, refer to HE.

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Birth control use	BCM use: {YES*** No:30688} If no and sexually active, interested in learning about options?: {YES*** No:30688}	Do you use any type of birth control (the pill, patch, ring, implant, shot, IUD, condoms)?  <i>If they don't, Are you interested in learning more about XXX? Would you like to be referred to the health educator?</i>  The only way to prevent pregnancy when having sex is using a birth control method. This is very important to remember!			If sexually active and not using any method OR are interested in discussing more, refer to HE or medical provider.
# of partners	Number of male/female partners (last 3 months): {SBHC#partner:3 8557} {Males Females Both:21483}	How many partners have you had in the last 3 months? Have they all been SEX OF PARTNERS PT SHARED ABOVE?			
<b>Recent Sexual Activity (Ask if pt discloses that they are sexually active. For those who are abstinent, skip this section EXCEPT: ask if they know what EC and PEP/PrEP are and share information below if not in case they need it in the future)</b>					
Last sexual activity	Last SA: *** (date)	When was the last time you had any kind of sex? Did you do anything to prevent STIs and pregnancy the last time you had sex?		Note date of last sexual encounter	
Protection during last sex	Protection used?: {YES*** No:30688}	Did you do anything to prevent STIs and pregnancy the last time you had sex? If so, what was it?		Choose Yes or No and, if yes, what protection was used.	If no protection, possible referral to HE or medical provider for



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					<p>pregnancy/STI testing.</p> <p>If last unprotected sexual encounter was within last 5 days, discuss emergency contraception. If pt wants EC, loop in provider immediately!</p> <p>If last unprotected sexual encounter was 10+ days ago and patient has missed a period, offer pregnancy test.</p>
Emergency contraception	EC taken?: {YES*** No:30688}	<p>Did you do take Plan B or another type of emergency contraception to prevent pregnancy after time you had sex? If so, what was it and when did you take it?</p> <p><i>If No:</i> Do you know what EC is? EC is a pill that a person can take within the first 3-5 days after having unprotected sex in order to prevent pregnancy. The sooner that someone takes it, the more effective it is.</p>		Choose Yes or No and, if yes, note type and date taken.	If more questions or interest in getting EC, refer to HE or medical provider.

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		Reminder that if you ever need it, you can get it confidentially and for free here!			
PEP/PrEP	PEP/PrEP taken?: {YES*** No:30688}	Did you take PEP or PrEP to prevent HIV sex? If so, what was it and when?  <i>If No:</i> Do you know what PEP/PrEP are? They are pills a person can take to prevent HIV! PrEP is a pill someone can take in daily if they are concerned about their risk for HIV. PEP is a pill someone can take after having sex where they are concerned they already were exposed to HIV.		Choose Yes or No and, if yes, note type and date taken.	If more questions or interest in getting PEP/PrEP, refer to HE or medical provider.
<b>Birth Control Methods History (Ask if pt shared they are using BCM in questions above)</b>					
Current method	Current BCM: {SBHCbcmtypes:38515} since ***date	What type of birth control are you using? When did you start it?		Choose method from dropdown menu and note date started method.	
Satisfaction	Satisfaction with current method: {YES/NO:13582} If no, why?***	How do you like XXX method? Are you happy with it?  <i>If no, why?</i> Side effects or other issues?		Choose Yes/No and, if no, note reason for dissatisfaction.	If no and wants to discuss other BCM options, refer to HE or medical provider.  If any immediate concerns about side effects, loop in on-call provider!

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<b>Sexually Transmitted Infections</b>					
STI history	History of STI: {YES*** No:30688}	Have you ever had an STI?		Choose Yes/No and, if yes, write what STI pt had and date they had it.	
Last STI screen	Last STI screen (Date): No results found for: CHLAMYDIA, GC, HIVABP24AG, RPR *** Orasure (Date): ***	Have you ever gotten tested for STIs? When was the last time you got tested for STIs (month, year)?	If recent tests happened at LC, EPIC will pull in most recent tests on file.	If pt shares different answer than in note, above results pulled in by EPIC, add month and year of most recent STI test, where tests happened, and results	
STI testing need	STI testing indicated today?: {YES*** No:30688}	It's important to get tested for STIs annually and after having unprotected sex with any new partner, whichever comes first. We offer free STI testing here! Would you like to schedule a visit to return to do these tests?		Choose Yes/No and, if yes, note what tests are due	If sexually active and hasn't been tested, hasn't been tested since their new partner, or hasn't been tested in over 1 year, referral to Medical Provider and Health Educator
STI symptoms	STI Symptoms: {SBHCgynsymptoms:38549}	Do you have any symptoms related to STIs today that you are concerned about? Are you experiencing any of the following: fever, chills, abdominal pain, painful		Choose from dropdown menu: Yes/Pt denies symptoms.	If yes to symptoms, loop in medical provider!

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		urination, genital rash, abnormal vaginal/penile discharge, testicular pain			
Condom instructions	Condom/Barrier Method instructions given: {YES/NO:22053}	It's important to use a condom every time you have sex to prevent STI's, including HIV. It's also important for people with vaginas to use birth control to prevent pregnancy.		If you explained the importance of condoms, choose Yes.	
<b>Screener for Violence</b> *Note: Since the publication of this toolkit, La Clinica has updated the screeners in this section to reflect a universal education model.					
Abuse screener	Hx of DV/Abuse: {SBHCsafetyscreenYN:38514}	<p>Have you ever experienced physical or sexual abuse? Like someone hurting you or touching you in a way you didn't want them to?</p> <p><i>If yes:</i></p> <ul style="list-style-type: none"> <li>• ASK: Is this something that happened in the past? Or is it still happening?</li> <li>• ACT: <i>complete the remainder of the screener and then immediately loop in medical provider and possibly IBHC</i></li> </ul>		<p>If no, choose no. If yes, choose yes and type their experience. If reports feeling safe now, type "Pt feels safe now." Include any resources or support pt has accessed in the past.</p>	<p>If yes (ongoing), pause plan for visit and immediately loop in medical provider to discuss plan. Offer warm hand-off to IBHC if possible.</p> <p>If yes (in the past), loop in medical provider during debrief and offer warm hand-off/intro to IBHC.</p> <p>If not already reported, this will be a mandated report.</p>

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Sexual assault screener	Hx of Sexual Assault: {SBHCsafetyscreenYN:38514}	<p>Have you ever experienced sexual assault or felt unsafe with any of the people you dated or had sex with?</p> <p><i>If yes:</i></p> <ul style="list-style-type: none"> <li>• ASK: Is this something that happened in the past? Or is it still happening?</li> <li>• ACT: <i>complete the remainder of the screener and then immediately loop in medical provider and possibly IBHC</i></li> </ul>		<p>If no, choose no. If yes, choose yes and type their experience. If reports feeling safe now, type "Pt feels safe now." Include any resources or support pt has accessed in the past.</p>	<p>If yes (ongoing), pause plan for visit and immediately loop in medical provider to discuss plan. Offer warm hand-off to IBHC if possible.</p> <p>If yes (in the past), loop in medical provider during debrief and offer warm hand-off/intro to IBHC. Consider referrals to local sexual violence orgs.</p> <p>If not already reported, this may be a mandated report.</p>
Sexual coercion screener	Sexual Coercion: {SBHCsafetyscreenYN:38514}	<p>Have you ever felt pressure to do something sexual you didn't want to do?</p> <p><i>If yes:</i></p> <ul style="list-style-type: none"> <li>• ASK: Is this something that happened in the past? Or is it still happening?</li> </ul>		<p>If no, choose no. If yes, choose yes and type their experience. If reports feeling safe now, type "Pt feels</p>	<p>If yes (ongoing), pause plan for visit and immediately loop in medical provider to discuss plan. Offer warm</p>

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		<ul style="list-style-type: none"> <li>ACT: complete the remainder of the screener and then immediately loop in medical provider and possibly IBHC</li> </ul>		<p>safe now.” Include any resources or support pt has accessed in the past.</p>	<p>hand-off to IBHC if possible.</p> <p>If yes (in the past), loop in medical provider during debrief and offer warm hand-off/intro to IBHC. Consider scheduling FU w/HE to discuss sexual decision making and/or healthy relationships.</p> <p>If not already reported, this may be a mandated report.</p>
BCM coercion screener	Birth Control Coercion: {SBHCsafetyscreenYN:38514}	Have you ever been pressured or forced into not using condoms when you wanted to? Into using/not using birth control when you didn’t want to/wanted to?  <i>If yes:</i> <ul style="list-style-type: none"> <li>ASK: Is this something that happened in the past? Or is it still happening?</li> </ul>		If no, choose no. If yes, choose yes and type their experience. If reports feeling safe now, type “Pt feels safe now.” Include any resources or	If yes (ongoing), pause plan for visit and immediately loop in medical provider to discuss plan. Offer warm hand-off to IBHC if possible.

Step	EPIC question	Script	What EPIC pulls into template automatically	Notes to make in chart	Referrals
		<ul style="list-style-type: none"> <li>ACT: <i>complete the remainder of the screener and then immediately loop in medical provider and possibly IBHC</i></li> </ul>		support pt has accessed in the past.	<p>If yes (in the past), loop in medical provider during debrief and offer warm hand-off/intro to IBHC. Consider scheduling FU w/HE to discuss sexual decision making and/or healthy relationships.</p> <p>If not already reported, this may be a mandated report.</p>
HT screener	Received money, food, shelter or drugs for sex: {SBHCsafetyscreenYN:38514}	<p>Have you ever exchanged sex for money, clothes, a place to stay?</p> <p><i>If yes:</i></p> <ul style="list-style-type: none"> <li>ASK: Is this something that happened in the past? Or is it still happening?</li> <li>ACT: <i>complete the remainder of the screener and then immediately loop in medical provider and possibly IBHC</i></li> </ul>		If no, choose no. If yes, choose yes and type their experience. If reports feeling safe now, type "Pt feels safe now." Include any resources or support pt has	If yes (ongoing), pause plan for visit and immediately loop in medical provider to discuss plan. Offer warm hand-off to IBHC if possible.

Step	EPIC question	Script	What EPIC pulls into template automatically	Notes to make in chart	Referrals
				accessed in the past.	<p>If yes (in the past), loop in medical provider during debrief and offer warm hand-off/intro to IBHC. Consider looping in bedside advocates.</p> <p>If not already reported, this will be a mandated report.</p>
<b>Education (Automatic note in EPIC)</b>					
<p>If applicable, consent form reviewed and {Signed:14761}. Health Educator encouraged sexual safety and reviewed indications for STI testing. Reinforced consistent condom and BCM use when sexually active. Condoms and lubricant offered. Discussed PrEP and PEP for HIV prevention. Advised to RTC for STI testing if they have unprotected sex with new partner and annually. HE discussed importance of involving a trusted adult/parent/guardian in sexual decision-making. All questions and concerns addressed.</p>				Choose from dropdown menu about consent forms.	
<b>Next Steps</b>					
Barrier method	<p>Barrier method: Offered and {ACCEPTED/DECLINED:13758}</p> <p>Discussed barrier methods and patient reports understanding any method</p>	<p><i>If yes:</i> As we talked about, you are due for XYZ. XYZ MEDICATIONS have been ordered for you and you can pick it up at PHARMACY/SITE (OR GIVE TO PT DAY OF). Do you have any questions about these methods?</p> <p>Discuss any FU visits needed for these!</p>		Choose from dropdown menu whether pt accepted or declined your offer for condoms/barriers	



Step	EPIC question	Script	What EPIC pulls into template automatically	Notes to make in chart	Referrals
	other than condoms do not prevent STIs.				
Birth control/emergency contraception	BCM/EC/other medications: *** If taking Ella today, patient advised to wait 5 days from last unprotected intercourse to start Estrogen containing BCM, then another 7 days backup method.			List any BCM, EC, or medications prescribed by medical provider on call during visit today.	
STI testing	STI testing due: ***	<i>If yes:</i> As we talked about, you are due for XYZ TEST. I will schedule a visit for you to return to our clinic for testing.		Write Yes/No and, if yes, which tests due. Note when pt is being scheduled for FU to complete tests.	
<b>Follow Up</b>					
Medical provider	SBHC medical provider for: *** in *** (timeframe)	On your way out, please stop at the front desk so our HSS can schedule you for WHATEVER FU IS NEEDED. If telehealth: We will give you a call to set up an appointment for WHATEVER FU IS NEEDED.	N/A	Add any referrals you and pt agreed on here and in FU section of Wrap Up tab. Add timeframe for FU visit here and	N/A
IBHC	IBHC for: *** in *** (timeframe)				

Step	EPIC question	Script	What EPIC pulls into template automatically	Notes to make in chart	Referrals
Health educator	HE for: *** in *** (timeframe)	Do you have any other questions? This is your clinic and you are always welcome to call us back on our on-call phone line anytime between 8:30-5pm M-F. Can I leave you with our phone number? (510) 481 - 4566		<p>in FU section Wrap Up tab. Send pt any handouts needed or forms.</p> <p>Add updated information about health maintenance to Problem List --&gt; Counseling on Health Promotion &amp; Disease Prevention</p> <p>Don't forget to note MLP referrals in note too!</p>	
Outside PCP	Outside PCP for: *** in *** (timeframe)				
Dental	Dental for: *** in *** (timeframe)				
Optica	Optical for: *** in *** (timeframe)				