

Indication

HOME

Eats meals with family yes/no

Has family member/adult to turn to for help yes/no

Is permitted and is able to make independent decisions yes/no

EDUCATION

Grade

Performance

Behavior/Attention

Homework

EATING

Eats regular meals including adequate fruits and vegetables yes/no

Drinks non-sweetened liquids yes/no

Calcium source yes/no

Has concerns about body or appearance yes/no

ACTIVITIES

Has friends yes/no

At least 1 hour of physical activity/day yes/no

Screen time (except for homework) less than 2 hours/day yes/no

Has interests/participates in community activities/volunteers yes/no

DRUGS (substance use/abuse)

Uses tobacco/alcohol/drugs yes/no

SAFETY

Home is free of violence yes/no

Uses safety belts/safety equipment yes/no

Has peer relationships free of violence yes/no

SEX

Has had oral sex yes/no

Has had sexual intercourse (vaginal, anal) yes/no

SUICIDALITY/MENTAL HEALTH

Has ways to cope with stress yes/no

Displays self-confidence yes/no

Has problems with sleep yes/no

Gets depressed, anxious, or irritable/has mood swings yes/no

Has thought about hurting self or considered suicide yes/no

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Procedure/ Procedure Findings

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Recommendation/Additional Orders