□ Extremely (4)

Depression Screen: ✓ Check one for each question If Positive see Periodicity Schedule Feelings over the past 2 weeks:

Little interest or pleasure in doing things: □ Not at all □ Several days □ More than ½ the days □ Nearly every day Feeling down, depressed, or hopeless:

Not at all □ Several days □ More than ½ the days □ Nearly every day

Relationship/Sex education: 	
Are you in a relationship? Male	Female
Do you feel safe in your relationship?	□ Yes □ No
Pressure to have sex	□ Yes □ No
Sexually Active?	□ Yes □ No

Method of contraception_____ Do you have any children?

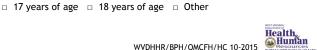
Yes

No _____ *STI/HIV screening *If positive see Periodicity Schedule

Physical Health

Current Health Indicators: ✓ Check those that apply □ No change

1Lang, AG., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour Research and Therapy, 43, 585-594. Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. General Hospital Psychiatry, 34, 332-338. Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSDT Checklist (PLC): Reliability, Validity, and Diagnostic Utility. Paper presented at Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX. An individual is considered to have screened positive if the sum of the numbered responses is 4 or greater. For assistance phone 844-HELP4WV (844-435-7498).



Referrals*: (see above) \Box Other

Prior Authorizations:

* See Provider Manual for automatic referrals

For treatment plans requiring authorization, please complete page 2

on the reverse. Contact a HealthCheck Regional Program Specialist

for assistance at 1-800-642-9704 or www.dhhr.wv.gov/healthcheck

Follow Up/Next Visit:

15 years of age

16 years of age