



Just For Teens

HEALTH
JOURNAL



**BLANK CHILDREN'S
HOSPITAL**

IOWA HEALTH SYSTEM

Working together. Making a difference for teens.

A special book to record a teen's medical history and special needs.



IMPORTANT PHONE NUMBERS

My Healthcare Provider _____
Provider Name _____ Phone _____

Blank Children's Hospital Emergency Department **515-241-6611**

Poison Information **1-800-222-1222**

Police Department

Emergency **911**
Non-emergency _____

Fire Department

Emergency **911**
Non-emergency _____

Ambulance **911**

Other Important Numbers

_____. _____
_____. _____
_____. _____
_____. _____

00155-2 03/04

**For more teen health information, visit
www.blankchildrens.org and click on "Just for Teens"**



Dear Teens and Parents:

This material has been adapted from “Just for Kids,” a booklet designed by The Family Advisory Council of Blank Children’s Hospital to record a teen’s healthcare experiences.

The beginning sections are designed to record your teen’s medical history. There is also a section for special care needs. This might include special instructions for individualized care related to health concerns such as allergies, asthma or diabetes.

As with “Just for Kids,” this booklet provides a record of the teen’s journey through healthcare experiences. It will help to organize the information needed for questions from healthcare providers while also creating a medical history for the teen’s own reference.

Medical & Emergency Phone Numbers

Healthcare Provider _____

Phone _____

Address _____

Healthcare Provider _____

Phone _____

Address _____

Healthcare Provider _____

Phone _____

Address _____

Healthcare Provider _____

Phone _____

Address _____

Emergency Numbers:

Ambulance
911

Blank Children's Hospital
(515) 241-KIDS (5437)

Poison Control Center
1-800-222-1222

Police and Fire Rescue
911

Blank Children's Hospital
Emergency Department
(515) 241-6611

Additional Phone Numbers:

Medical and Emergency Phone Numbers

Teen and Family Medical History

| Disease/Problem | Teen | Teen's Father | Teen's Mother | Siblings | Mother's Relatives | Father's Relatives |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Allergies/Hayfever | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asthma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavior Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Birth Defects (please specify) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cancer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cerebral Palsy/Muscle Disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cleft Lip or Palate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cystic Fibrosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drug and/or Alcohol Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emphysema | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hearing Impairment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heart Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hemophilia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hepatitis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High Blood Pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HIV/AIDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hyperactivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kidney/Urinary Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Learning Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Illness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Retardation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Migraines | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical/Sexual Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recurring Pneumonia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scoliosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seizures/Epilepsy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speech Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tuberculosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vision Impairment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any particular syndrome (name) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Immunization Information

Hepatitis B

All teens need the hepatitis B series if not already given - 3 doses are required with the second dose given 1 month after the first dose and the third dose 5 months later.

Tetanus/diphtheria

The first booster dose is given at 11 to 12 years of age if at least 5 years have passed since the last dose. Boosters are then given every 10 years.

Measles, mumps, and rubella

A 2nd dose is required at 11 to 12 years of age if not already given.

Chickenpox

Give at 11 to 12 years if not already given and have not had chickenpox. For teens 13 years of age and older, a 2nd dose is required, to be given 1 month after the first dose.

Hepatitis A

Teens planning to travel to a country with high rates of Hepatitis A, those that live in a community with high rates, and those with other special circumstances should receive Hepatitis A vaccine.

Influenza (flu) and pneumococcal

These vaccines are recommended for teens with health problems such as kidney disease, sickle cell anemia, diseases of the lung and heart, and other chronic conditions. However, anyone who wishes to receive an influenza (flu) vaccination may receive one.

Meningococcal

This vaccine is highly recommended for freshmen entering college, especially those living in a residence hall.

Immunizations

| | Date | Route Site | Doctor | Reaction |
|---------------|------|------------|--------|----------|
| DPT/HIB 1 | | | | |
| DPT/HIB 2 | | | | |
| DPT/HIB 3 | | | | |
| DPT/HIB | | | | |
| DTAP 4 | | | | |
| DPT | | | | |
| DTAP 5 | | | | |
| OPV/IPV 1 | | | | |
| OPV/IPV 2 | | | | |
| OPV/IPV 3 | | | | |
| OPV/IPV 4 | | | | |
| MMR 1 | | | | |
| MMR 2 | | | | |
| HIB 1 | | | | |
| HIB 2 | | | | |
| HIB 3 | | | | |
| HIB 4 | | | | |
| DT | | | | |
| dT | | | | |
| HepB 1 | | | | |
| HepB 2 | | | | |
| HepB 3 | | | | |
| HepA 1 | | | | |
| HepA 2 | | | | |
| Meningococcal | | | | |
| Varicella | | | | |
| Influenza | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TB screening | | | | |
| Type _____ | | | | |
| | | | | |

Immunizations

Allergies

An allergy is a sensitivity to a certain substance (allergen). Allergic reactions may consist of an itchy, raised, red rash and/or more severe symptoms, including:

- Difficulty breathing
- Difficulty swallowing
- Dizziness
- Cool, clammy skin

Call your child's doctor immediately if more severe symptoms develop.

On the chart below, list any known allergies to:

Foods _____

X-ray dyes _____

Molds _____

Animal dander _____

Medications _____

Dusts _____

Plants _____

Soaps/household products _____

| Substance | Symptom(s) |
|-----------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Parents/Family Allergy History:

Medications

Name of medicine _____

Date medicine started

What for

Strength (see label)

Dosage (amount)

Physician

Date medicine changed/stopped

Name of medicine _____

Date medicine started

What for

Strength (see label)

Dosage (amount)

Physician

Date medicine changed/stopped

Name of medicine _____

Date medicine started

What for

Strength (see label)

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Date medicine changed/stopped

Name of medicine _____

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Strength (see label)

Dosage (amount)

Physician

Date medicine changed/stopped

Medications

Resources

Adolescent Clinic - Blank Children's Hospital

Phone (515) 241-8925

The Adolescent Medicine Clinic at Blank Children's Hospital specializes just in teens and is designed to meet their unique healthcare needs. From sports physicals and routine health exams, to school-related problems, the Adolescent Medicine Clinic staff listens and helps teens develop healthy habits for a lifetime.

AIDS Project of Central Iowa

Phone (515) 284-0245

Assistance is provided to persons who have contracted the AIDS virus, including counseling, practical assistance, help in locating needed medical care and general help with any services needed.

Alateen

Phone (515) 277-5059

This group offers peer support for teens living with or near someone who has an alcohol problem.

Alcoholics Anonymous

Phone (515) 282-8550

This is a fellowship who share their experiences, strength, and hope with each other in order to solve their common problem and help others to recover from alcoholism.

CDC National AIDS Hotline

Phone 1-800-342-2437

This line provides information, education, and referral on HIV and AIDS related issues.

Domestic Abuse Hotline

Phone (515) 243-5147 or 1-800-942-0333

This is a counseling, information and referral line that provides assistance to victims of family violence.

Eating Disorders Treatment Center

Phone (515) 263-5672

Services are provided for persons with eating disorder concerns, including assessment, referrals, outpatient counseling and dietary consults. An Eating Disorders Info Line is available. A free, professionally facilitated support group meets weekly.

Family Violence Center

Phone (515) 243-6147 or 1-800-942-0333

Services include a comprehensive support system for victims of family violence involving emergency shelter, advocacy in obtaining support services, counseling and public education.

First Call for Help

Phone (515) 246-6555

This is an information and referral line that links people in need with a variety of community services, including health, welfare, education, recreation and related services.

Narcotics Anonymous

Phone (515) 244-2277

This is a support group for drug abusers.

National Runaway Hotline

Phone 1-800-232-6946

This is a hotline for runaways and potential runaways, providing information and referral for shelter, food, counseling, and medical services. It also serves as a personal and confidential message relay between runaways and their parents.

Planned Parenthood

Phone (515) 280-7000 or 1-800-568-2404

Services include pelvic and breast exams, screening and treatment for sexually transmitted diseases, contraceptives, pregnancy testing and options counseling.

Polk County Health Department

Phones:

AIDS/HIV testing (515) 286-3897

Health Education (515) 286-3764

Immunizations (515) 286-3798

Sexually Transmitted Disease Clinic (515) 286-3798

Rape/Sexual Assault Care Center

Phone (515) 288-1750

This is a telephone and personal contact service for victims of sexual assaults in Polk County, providing information, assistance, and short-term counseling. Services are confidential and available whether or not the victim chooses to report to police. Counseling and support groups for survivors of rape and incest are available.

Teen Line

Phone 1-800-443-8336 (TEEN)

This is a free confidential information service that answers questions of special concern to teens. Information is available about runaway services, sexually transmitted diseases, nutrition, anorexia and bulimia, alcohol and drug use, AIDS/HIV, birth control and pregnancy, and many other topics.

Teen Sexual Abuse Support Group

Phone (515) 288-1050 or (515) 244-4901

Offers a confidential, safe, non-confrontive environment to share feelings, experiences and any other issues related to sexual abuse. Groups are available in most Polk County high schools.

YESS-Young Emergency Services and Shelter

Phone (515) 282-9377

Services include short-term shelter for runaway or homeless youth, interim residential placement, and counseling services for children and families. A family support group provides parents and adolescents an opportunity to learn about and share effective ways of communication. A youth support group helps teens work through personal and family problems.

Young Women's Resource Center

Phone (515) 244-4901

Services are designed to meet the needs of young women between the ages of 13 and 21 years. The problem solving component serves women who are experiencing problems in their daily lives and assists in resolving these problems. The young mom's program is a weekly education/support group, discussing health, child development, child guidance, family management and personal growth. An education and prevention component provides a broad range of presentations for school and community groups. "It Takes Two" is a pregnancy prevention workshop.

Youth Law Center

Phone (515) 244-1172 or 1-800-728-1172

Services include free legal and social work services for young people under 18 years of age. Legal services and information is provided in all area of the law that affects youth, including family problems, teenage parent issues, delinquency cases, housing, social security and public assistance.

Permission to Treat

_____ has my permission to seek medical treatment for my son/daughter _____

due to my unavailability or absence. This authorization is effective _____ and expires _____.

Signature of parent

Signature of caregiver

_____ has my permission to seek medical treatment for my son/daughter _____

due to my unavailability or absence. This authorization is effective _____ and expires _____.

Signature of parent

Signature of caregiver

_____ has my permission to seek medical treatment for my son/daughter _____

due to my unavailability or absence. This authorization is effective _____ and expires _____.

Signature of parent

Signature of caregiver

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Signature of parent

Signature of caregiver

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Signature of caregiver

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Signature of caregiver

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Signature of parent

Signature of caregiver

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due to my unavailability or absence. This authorization is effective _____ and expires _____.

Signature of parent

Signature of caregiver