

ADOLESCENT & TEEN Health

PROVIDER INFORMATION ASSESSMENT TOOL

The information provided below will be used in an interactive referral database/map through the Adolescent & Teen Health Website to help adolescents navigate sexual health providers and resources. Healthcare providers must meet either of the following minimum criteria to be included in the directory: 1) STI testing for chlamydia and gonorrhea or 2) Family planning services that include effective and/or highly effective birth control methods (pill, patch, ring, injectable, IUD or implant) as defined by the Centers for Disease Control & Prevention (CDC).

Name of Provider/Agency: _____

Address: _____ City, State, Zip: _____

Direct Contact Person: _____

Phone Number: _____ Email Address: _____

Provider/Agency Website/URL: _____

Is the Provider/Agency a Title X provider? Yes No

Check the Days Open and Fill in Hours of Operation:

Monday Hours: _____ a.m. to _____ p.m.

Tuesday Hours: _____ a.m. to _____ p.m.

Wednesday Hours: _____ a.m. to _____ p.m.

Thursday Hours: _____ a.m. to _____ p.m.

Friday Hours: _____ a.m. to _____ p.m.

Saturday Hours: _____ a.m. to _____ p.m.

Sunday Hours: _____ a.m. to _____ p.m.

Adolescents who are provided with services include (mark all that apply): Males Females Transgender

Do you serve LGBTQ+ individuals? Yes No

How do adolescents schedule an appointment (mark all that apply):

Telephone: _____

Online: _____

Are walk-ins accepted? Yes No

What sexual health services are provided to adolescents? (mark all that apply):

- STI Testing
- HIV Testing
- Pregnancy Testing
- HPV Vaccine
- Condoms
- Condom Compatible Lubricants
- Dental Dams

What contraceptive services are provided to adolescents? (mark all that apply):

- IUDs
- Hormone Implants
- Depo-Provera
- Birth Control Pills
- Ortho Evra Patch
- Nuvaring
- Condoms
- Emergency Contraception
- Other: _____

**** Please note that only healthcare providers that offer at least one of the following (STI testing, pill, patch, ring, injectable, IUD or implant) will be included in the directory.***

What other services are provided to adolescents? (mark all that apply):

- HIV Treatment
- Prenatal
- Mental Health
- Primary Care
- Other: _____

Are sexual health services provided to adolescents without the requirement of parental consent? Yes No

Are low- or no-cost services provided to adolescents? Yes No

Are services provided to adolescents without regard to ability to pay? Yes No

What information would the adolescent need to bring?

- Pay Stubs
- Insurance Card
- State-issued ID
- Other _____

Your location is accessible by (mark all that apply): Car Bus - Closest Bus Stop # _____

Closest Middle School(s): _____

Closest High Schools(s): _____

Notes: