The newly revised American Academy of Pediatrics (AAP) adolescent Visit Documentation Forms are designed to provide health care professionals with the resource they need to appropriately document activities within the typical well visit for an adolescent, support appropriate coding, and secure appropriate payment for their activities. With an increase in pay-for-performance programs, quality improvement initiatives, audits, and legal review, documentation is more critical than ever. The AAP adolescent Visit Documentation Forms will assist in simplifying the documentation process and maximize practitioners’ time with adolescents. By providing an organized and consistent layout, clinicians can use the forms for more effective documentation, which can improve performance, limit liability, and support efforts to obtain appropriate payment for services. While the electronic medical record will be the future for most medical practices, these documentation forms provide a clear, concise way for practitioners to meet their current documentation needs.

Key Features

Simplified Forms
The Visit Documentation Forms for the 11- to 14-year and 15- to 21-year visits provide the practitioner the option of using a 1-page basic documentation form or a more comprehensive 2-page form. The first page is designed for a more traditional visit with a parent or guardian present. The second page (back side of the form) provides space for a more intensive discussion of psychosocial issues such as substance use, violence prevention, social habits, sexual health, and mental health. This second page would likely be used with an adolescent without the parent or guardian present to allow for a more open and honest conversation.

Reduced Duplication
Like the well-child visit forms for younger ages, the adolescent Visit Documentation Forms extensively reference other key components from the AAP collection of documentation products to decrease duplication. These include references to the Initial History Questionnaire (birth, past, and family histories), Problem List, Medication Record, Bright Futures Previsit Questionnaire (completed by the family prior to the visit), and Vaccine Administration Record.

Universality
No documentation form will completely satisfy all practitioners. However, these forms conform to the most widely recognized set of information that should be obtained during the visit. The forms are consistent with documentation guidelines to support evaluation and management coding. They also reflect the most current trends in caring for adolescents.

Peer Reviewed
The Visit Documentation Forms have been reviewed by multiple AAP committees, including the Committee on Adolescence, Committee on Coding and Nomenclature, Committee on Medical Liability and Risk Management, Committee on Practice and Ambulatory Medicine, and Council on Clinical Information Technology. This ensures that key components in each area are included on the forms.

Developmental/Psychosocial Screening
While some practitioners may use a structured developmental or psychosocial screening at each visit, space is only provided for universal screenings. (Ample space is available on the back of each form for any additional screenings required.) The Committee on Coding and Nomenclature recommends indicating the name of the tool used, the results of the screening, the informant, and areas of concern somewhere on the form.

Significant Updates
Consistent With Bright Futures and “Recommendations for Preventive Pediatric Health Care”
The AAP Visit Documentation Forms are consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, and the AAP “Recommendations for Preventive Pediatric Health Care.” Forms are organized by visits recommended by age group. The content, particularly the first page of the adolescent forms, is consistent with Bright Futures as well. The Anticipatory Guidance section on the first page reflects the 5 priorities outlined in the Bright Futures Guidelines and provides practitioners an easy way to document this important activity.

Clinical Issues
The following components are included:
- Space to identify an adolescent with special health care needs
- More comprehensive developmental assessment section
- The most current HEEADSSS method of adolescent assessment
- Documentation for complete, streamlined, and age-specific physical examination
Visit Documentation Form User Guide
for WELL CHILD/11 to 14 years and WELL CHILD/15 to 21 years

The second side of these forms allows for a more comprehensive evaluation of the adolescent. An expanded version of the risk assessment section on page 1 is used, with an additional section on substance use.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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