

Item	Adolescent	Adolescent Parent – Limited*	Adolescent Parent – Full**
Social history	✓	✗	✓
Allergies	✓	✓	✓
Immunizations	✓	✓	✓
Growth charts	✓	✗	✓
Letters	✓	✓	✓
Appointments	✓	✓	✓
Vitals	✓	✓	✓
Medications*	✓	✓	✓
Problem list	✓	✗	✓
Clinical notes	✗	✗	✓
After-visit summary	✓	✗	✓
Patient messages	✓	✓	✓
Labs/procedures/test results	✓	✓	✓

[View chart as PDF.](#)

*Limited: Access granted to parent(s)/guardian(s) of adolescents.

**Full: Access granted to parent(s)/guardian(s) of an adolescent patient with a developmental or medical condition that prevents them from giving consent.