WELL ADOLESCENT – AGES 12 to 21 YEARS

☐ Male ☐ Female

Name: ____________________ ID # ______________ Age: _______ DOB: ____________ ☐ **IHEBAT** ☐ **120-Day IHA**

Accompanied by: ☐ Mom ☐ Dad ☐ Relative ☐ Other: __________ **Date of Visit:**______________

Wt:	Ht:	BMI:	B/P:	Temp :	Vision Both :______	Audiometric: Rt:_____Lt:_____
Lbs/oz/kg (%ile)	Inch/cm (%ile)			F°/C°	Rt :____________ Lt :____________	RN/MA________________

HISTORY

Interim History:
- ☐ No Problems
  - ☐ Significant Illness / Injury __________________
  - ☐ History of Varicella or IZ
  - ☐ Medications: ________________________
  - ☐ Allergies: ____________________________
  - ☐ Visits to other health care provider:
    (name) ____________________________________

Social / Family History:
- ☐ No interval change ☐ Smokers in house
  - ☐ Divorced / Single Parent ☐ Foster Care
  - ☐ Sexual Activity ☐ Pregnancy
  - ☐ Hobbies / Chores

Nutrition:
- ☐ No Problems
  - ☐ Healthy Food Choices
  - ☐ Empty Calories discussed
  - ☐ Weight Management

PHYSICAL EXAM
(✓ if within Normal Limits)

NL — Comment if Abnormal

- ☐ General Appearance
- ☐ Skin (acne)
- ☐ Head
- ☐ Eyes
- ☐ E.N.T.
- ☐ Mouth /Teeth
- ☐ Lymph
- ☐ Neck
- ☐ Lungs
- ☐ Heart
- ☐ Abdomen
- ☐ Back (Scoliosis)
- ☐ Ext/Hips/Feet
- ☐ Neurologic / Reflexes
- ☐ Genitalia / Tanner Stage I II III IV V

Females: ☐ Pelvic Exam (if sexually active) ☐ Pap Smear ☐ Chlamydia screening ☐ Condyloma/lesions

Males: ☐ Circ ☐ Uncircumcised ☐ Hernias ☐ Condyloma/lesions ☐ Gynecomastia

☐ Instructions in self breast exam/self testicular exam

DEVELOPMENTAL HISTORY
(✓ if within Normal Limits)

- ☐ School: ______________ Grades in school:________
- ☐ Future Goals / Work ______________________
- ☐ Relationship with friends, dating
- ☐ Involved in extracurricular activities / sports / hobbies
- ☐ Involved with family, church, community
- ☐ Sexually active: Y____ N_____ Pregnancy: ________
- ☐ Menarche____________ / LMP ______________

ASSESSMENT

- ☐ Well Adolescent

REFERRALS / AUTHORIZATIONS

- ☐ WIC ☐ Vision Referral
- ☐ CCS ☐ Hearing Referral
- ☐ CPSP ☐ Dental Referral
- ☐ Counseling ☐ San Andreas Regional Center
- ☐ Specialist (name) __________________________
- ☐ Other: ________________________________

ANTICIPATORY GUIDANCE / EDUCATION
(✓ if discussed or handout given)

- ☐ Healthy habits – adequate sleep, exercise, fluids
- ☐ Smoking, chewing tobacco, alcohol, drugs, guns
- ☐ Sexual information: STDs, HIV, FP (if active need Pap, cultures, contraception)
- ☐ Birth control, safe sex, abstinence, normal sexual feelings
- ☐ Regular dental care
- ☐ Seat belts, helmets, protective sports gear, sunscreen
- ☐ Peer pressure / Respect for others
- ☐ Acne management
- ☐ Respect parents' limits / consequences, rules
- ☐ Body image / Eating habits
- ☐ Stress, nervousness, sadness, depression, hopelessness
- ☐ Violence and suicide prevention
- ☐ Anger management and conflict resolution
- ☐ ______________________________________

IMMUNIZATIONS

- ☐ Hep B ☐ VZV ☐ Hep A
- ☐ Td ☐ PPV ☐ Influenza
- ☐ MMR ☐ Other: ____________________
- ☐ Vaccine Information Statements (VIS) Given to parent

☐ PPD Date given: ______________
Results: ______________

☐ CXR Results: ______________

LABORATORY

- ☐ Hct/Hgb ☐ UA or dipstick (once between 11-21yr)
- ☐ _____________ ☐ Chlamydia Screen (if sexually active)

Plan: 1. **NEXT VISIT IN 1 YEAR. @ AGE:**_______
2.
3.

10/03

Signature______________________**MD/DO/NP/PA Date**:________