

<b>WELL ADOLESCENT 13 - 14 - 15 - 16 YEARS</b>					Name: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male	
Visit Date: ___/___/___			DOB: ___/___/___		Age: _____ Grade: _____	
Language spoken: <input type="checkbox"/> English Other: _____				<input type="checkbox"/> Interpreter used – Name: _____		
BP: _____	T: _____	P: _____	R: _____	Height: _____	Weight: _____	BMI%: _____ <input type="checkbox"/> Growth charts completed
Reason for visit: _____						
Allergies: _____				Signature/ Title: _____		

<b>INTERVAL HISTORY</b> accompanied by:		<b>EDUCATION / ANTICIPATORY GUIDANCE:</b> <i>Check if discussed</i>				
Diet: _____	Appetite: _____	<b>Diet and Exercise</b>	<input type="checkbox"/> food choices/caloric balance <input type="checkbox"/> appropriate weight			
Weight - significant <input type="checkbox"/> loss <input type="checkbox"/> gain # lbs.: _____			<input type="checkbox"/> body image <input type="checkbox"/> eating disorders <input type="checkbox"/> physical activity			
Physical Activity: _____		<b>Safety</b>	<input type="checkbox"/> anger management <input type="checkbox"/> risk taking behaviors			
Seeing dentist: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>TB risk:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> safety helmet <input type="checkbox"/> seat belt use <input type="checkbox"/> weapons			
Medications / Vitamins: _____		<b>High Risk Behavior</b>	<input type="checkbox"/> smoking <input type="checkbox"/> alcohol, drugs			
Females – Menarche age: _____ LMP: ___/___/___			<input type="checkbox"/> sexual activity (condoms, contraception, STD risk)			
Sexually active: <input type="checkbox"/> No <input type="checkbox"/> Yes – contraception type: _____		<b>Guidance</b>	<input type="checkbox"/> depression <input type="checkbox"/> family dynamics <input type="checkbox"/> plans/goals			
Tobacco - <input type="checkbox"/> smoke exposure <input type="checkbox"/> use			<input type="checkbox"/> independence <input type="checkbox"/> privacy <input type="checkbox"/> puberty progress			
Alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> social interaction <input type="checkbox"/> sun screen			
Drugs: <input type="checkbox"/> No <input type="checkbox"/> Yes			Comments: _____			

**IMMUNIZATIONS** up to date:  Yes  No – needs: \_\_\_\_\_

**Illnesses, accidents, headaches, fatigue, depression:** \_\_\_\_\_

**DEVELOPMENT/SCHOOL** - *Achievement, school attendance, sports, hobbies, peer relationships, after high school plans*

**PARENTAL/PATIENT CONCERNS:** \_\_\_\_\_

**PHYSICAL EXAMINATION** – *note required for all not WNL*

<b>General Appearance</b>	<input type="checkbox"/> well nourished and developed	<b>Lungs</b>	<input type="checkbox"/> clear to auscultation bilaterally
	<input type="checkbox"/> no abuse/neglect evident	<b>Heart</b>	<input type="checkbox"/> regular rhythm <input type="checkbox"/> no murmur
<b>Head</b>	<input type="checkbox"/> grossly normal	<b>Femoral pulses</b>	<input type="checkbox"/> normal bilaterally
<b>Eyes</b>	<input type="checkbox"/> PERRL <input type="checkbox"/> vision grossly normal	<b>Abdomen</b>	<input type="checkbox"/> soft, no masses <input type="checkbox"/> liver & spleen normal
<b>Ears</b>	<input type="checkbox"/> canals clear <input type="checkbox"/> TMs normal	<b>Genitalia</b>	<input type="checkbox"/> grossly normal - Tanner stage I II III IV V
	<input type="checkbox"/> hearing grossly normal	<b>Spine</b>	<input type="checkbox"/> no scoliosis
<b>Nose</b>	<input type="checkbox"/> passages clear <input type="checkbox"/> MM pink, no lesions	<b>Extremities</b>	<input type="checkbox"/> no deformities, full ROM
<b>Teeth</b>	<input type="checkbox"/> good dentition <input type="checkbox"/> no caries evident	<b>Skin</b>	<input type="checkbox"/> clear, no significant lesions
<b>Neck</b>	<input type="checkbox"/> supple <input type="checkbox"/> thyroid not enlarged	<b>Neurologic</b>	<input type="checkbox"/> no gross sensory or motor deficit
<b>Chest</b>	<input type="checkbox"/> symmetrical	Comments: _____	
<b>Breasts (F)</b>	<input type="checkbox"/> no masses, Tanner stage I II III IV V		

<b>ASSESSMENT:</b>	<b>VISION</b>	<b>Near</b>	OD: _____	OS: _____	OU: _____
		<b>Far</b>	OD: _____	OS: _____	OU: _____
<b>PLAN:</b>	<b>AUDIO - metry</b>	<b>Right</b>	_____ dB	_____ Hz	<input type="checkbox"/> WNL
		<b>Left</b>	_____ dB	_____ Hz	<input type="checkbox"/> WNL
Performed by: _____					

**ORDERS:**  Vaccine reactions, risks and follow-up explained /VIS sheets given  Immunization registry entry

**Immunizations if not up to date:**  Tdap  MCV4 @ 15 years  Influenza (yearly)  HPV

**Screening**  Vision screening (objective 15 yrs.)  Audiometry (objective 15 yrs.)

**Other:** \_\_\_\_\_

**Diagnostic Testing** if indicated / at risk:  PPD (@ 11-16 yrs)  HIV test  Hct.  Lipid profile  U/A

Pap, GC, Chlamydia, VDRL (if sexually active)

**Prevention**  Rx for fluoride 0.5/ 1 mg daily (until age 14)  Rx. for Folic Acid 0.4 mg daily (if female)

**REFERRAL:**  Dental  Drug/ETOH Rehab  Smoking cessation  OB/Gyn  Mental Health Other: \_\_\_\_\_

**Next appointment:**  1 year or \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_

WA 13-16 PC (2/1010)

**WELL ADOLESCENT 13 - 14 - 15 - 16 YEARS** **Date:** \_\_\_/\_\_\_/\_\_\_