WELL ADOLESCENT 17 – 18 – 19 – 20 YEARS	Name: ☐ Female ☐ Male
Visit Date: ___/____/____	DOB: ____/____/____ Age: _____ Grade: _____

Language spoken: ☐ English Other: ☐ Interpreter used – Name:

BP:	T:	P:	R:	Height:	Weight:	BMI%:	☐ Growth charts completed

Reason for visit:

Allergies: **Signature/ Title:**

INTERVAL HISTORY accompanied by:

Diet: Appetite:

Weight - significant ☐ loss ☐ gain # lbs.:

Physical Activity:

Seeing dentist: ☐ Yes ☐ No **TB risk:** ☐ No ☐ Yes

Medications / Vitamins:

Females – Menarche age: LMP:____/____/____

Sexually active: ☐ No ☐ Yes – contraception type:

Tobacco - ☐ smoke exposure ☐ use

Alcohol: ☐ No ☐ Yes

Drugs: ☐ No ☐ Yes

EDUCATION / ANTICIPATORY GUIDANCE: *Check if discussed*

Diet and Exercise	☐ food choices/caloric balance ☐ appropriate weight ☐ body image ☐ eating disorders ☐ physical activity
Safety	☐ anger management ☐ risk taking behaviors ☐ safety helmet ☐ seat belt use ☐ weapons
High Risk Behaviors	☐ smoking ☐ alcohol, drugs ☐ sexual activity (condoms, contraception, STD risk)
Guidance	☐ depression ☐ family dynamics ☐ plans/goals ☐ independence ☐ social interaction ☐ sun screen

If over 18: ☐ **Advance Directives** information offered/discussed

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*

General Appearance	☐ well nourished and developed ☐ no abuse/neglect evident	**Lungs**	☐ clear to auscultation bilaterally
		Heart	☐ regular rhythm ☐ no murmur
Head	☐ grossly normal	**Femoral pulses**	☐ normal bilaterally
Eyes	☐ PERRL ☐ vision grossly normal	**Abdomen**	☐ soft, no masses ☐ liver & spleen normal
Ears	☐ canals clear ☐ TMs normal ☐ hearing grossly normal	**Genitalia**	☐ grossly normal
		Spine	☐ no scoliosis
Nose	☐ passages clear ☐ MM pink, no lesions	**Extremities**	☐ no deformities, full ROM
Teeth	☐ good dentition ☐ no caries evident	**Skin**	☐ clear, no significant lesions
Neck	☐ supple ☐ thyroid not enlarged	**Neurologic**	☐ no gross sensory or motor deficit
Chest/Breasts	☐ symmetrical ☐ no masses		

ASSESSMENT:

PLAN:

VISION	**Near**	OD:	OS:	OU:
	Far	OD:	OS:	OU:
AUDIO - metry	**Right**	dB	Hz	☐ WNL
	Left	dB	Hz	☐ WNL
Performed by:				

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

Immunizations *if not up to date:*

☐ Hep A ☐ Hep B ☐ Influenza vaccine ☐ HPV ☐ MMR ☐ Td/Tdap ☐ Varicella ☐ Meningococcal *(for college)*

Screening *(objective 18 yrs.)* ☐ Vision ☐ Audiometry

Diagnostic Testing if indicated / at risk:

☐ PPD ☐ HIV test ☐ Hct. ☐ Lipid profile ☐ U/A

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

Prevention ☐ Rx. for Folic Acid 0.4 mg daily *(if female)*

Other:

REFERRAL: ☐ Dental ☐ Drug/ETOH Rehab ☐ Smoking cessation ☐ OB/Gyn ☐ Mental Health Other: _____

Next appointment: ☐ 1 year or _____ **Provider Signature:** _____