

Name				Accompanied by	
Date	MRN	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Preferred Language	

ATTACH LABEL

PATIENT OR CAREGIVER CONCERNS/INTERVAL HISTORY

None

- PAST MEDICAL HISTORY** Reviewed and updated
- SURGICAL HISTORY** Reviewed and updated
- FAMILY HISTORY** Reviewed and updated
- MEDICATIONS** None
 Reviewed and updated
- ALLERGIES** No known drug allergies

- Nutrition:** Varied diet, including fruits & vegetables

- Iron-rich food Yes No _____
- Milk _____ (three servings per day)
 whole 2% skim other _____
- Water _____
- Juice _____ oz/day
- Other liquids _____

- Dental:** Twice daily oral health care _____
 Has had twice yearly dental visit _____
 Fluoride in water at home _____

- Menstrual History**
- Age of onset _____ N/A _____
- Regular, Irregular Excessive pain
- Heavy period

- Elimination: YES NO**
- Soft, easy to pass BMs _____
- Issues with constipation _____
- Normal urine stream _____
- Voiding concerns _____

- Sleep:** Total sleep hours _____
- Snoring
 occasional
 more than three days/week (high risk for sleep apnea)
- Sleep concerns Yes No

Risk Assessment

- | | | |
|-----------------------|-----------------------|--------------------------------------|
| HIGH | LOW | |
| <input type="radio"/> | <input type="radio"/> | TB _____ |
| <input type="radio"/> | <input type="radio"/> | Anemia _____ |
| <input type="radio"/> | <input type="radio"/> | Dyslipidemia _____ |
| <input type="radio"/> | <input type="radio"/> | STI _____ |
| <input type="radio"/> | <input type="radio"/> | Tobacco, alcohol, and drug use _____ |

DEVELOPMENT

- | | | |
|-----------------------|-----------------------|---|
| YES | NO | |
| <input type="radio"/> | <input type="radio"/> | Able to bounce back from disappointment |
| <input type="radio"/> | <input type="radio"/> | Chores or responsibilities at home? |
| <input type="radio"/> | <input type="radio"/> | Clear rules and expectations at home? |
| <input type="radio"/> | <input type="radio"/> | Ability to get along with others |
| <input type="radio"/> | <input type="radio"/> | Controls emotions |
| <input type="radio"/> | <input type="radio"/> | Frequently has worries |

Caregiver concerns about development and behavior:

SCHOOL

- School Grade: _____ Favorite subject/activity: _____
- Concerns about school experience: Yes No _____
- Extra education services through the school: Yes No _____
- Activities outside of school: _____
- Peer relations: Good Okay Poor

SOCIAL HISTORY

- Reviewed and updated
- Lives with: 1 parent 2 parents Other caregiver
- Others (including siblings):

FAMILY RISK FACTORS:

Changes in family since last visit:

Do you need additional assistance with any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Getting enough to eat | <input type="checkbox"/> Relationships | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Violence/Abuse | <input type="checkbox"/> Financial | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Child care | |
| <input type="checkbox"/> Other _____ | | |

PHQ2 Depression Screening:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0-Not at all 1-Several days
2-More than half the days 3-Nearly every day

Little interest or pleasure in doing things 0 1 2 3

Feeling down, depressed, or hopeless 0 1 2 3

Total score _____

For scores 3 or over please complete PHQ9

PHYSICAL EXAMINATION

Height _____ cm (____%ile)	Weight _____ Kg (____%ile)		BMI _____ kg/m2 (____%ile)	
VITALS:	Temp: _____	BP ____/____	HR: _____	Resp Rate: _____ SpO2 _____
Hearing Screen:	Left: (pass/fail)	Right: (pass/fail)		
Vision Screen:	Left: _____	Right: _____	Bilateral: _____	

Normal examination findings are listed below. Describe other findings in the area provided.

General: Well appearing, active, and alert. _____

Head: Normocephalic and atraumatic. _____

Eyes: Red reflex, present bilaterally. Pupils equal, round, and reactive to light. No discharge. _____

ENT: No ear deformities. Normal external canals. Tympanic membranes clear bilaterally. Nares patent. _____

Mouth: No oral lesions. Normal dentition. _____

Neck: Supple, with full range of motion. _____

Cardiovascular: Regular rate and rhythm. Heart sounds S1, S2 normal. No murmur. _____

Chest: No increased work of breathing. Clear and symmetric breath sounds bilaterally. _____

Abdomen: Soft, non-distended, no masses, no hepatosplenomegaly. _____

Genitourinary:

Normal female external genitalia. _____

Normal male external genitalia. Testes descended bilaterally, no scrotal swelling, no inguinal hernia _____

Sexual Maturity Rating (Tanner Staging):

Female: Breast development _____, pubic hair _____

Male: Testicular development _____, pubic hair _____

Musculoskeletal: Spine normal, symmetric gluteal folds. Moves all extremities symmetrically. _____

Neurological: Normal strength and tone. _____

Skin: Normal color. No lesions. _____

Other comments:

ATTACH LABEL

ANTICIPATORY GUIDANCE

SOCIAL DETERMINANTS OF HEALTH:

- Interpersonal violence
- Living situation and food security
- Family substance use
- Connectedness with family, peers, and community
- School performance
- Coping with stress and decision-making

FAMILY FUNCTIONING:

- Media limitation, monitor content
- Clearly state rules/expectations/responsibilities, Consistently follow through with consequences
- Patience and control over anger
- Family meals, positive attention

EMOTIONAL WELL-BEING:

- Mood regulation and mental health
- Sexuality

RISK REDUCTION:

- Pregnancy and sexually transmitted infections
- Tobacco, e-cigarettes, alcohol, and prescription or street drugs
- Know about your child's Internet use, implement rules for the Internet, and install safety filters
- Avoid loud music through headphones/ear buds

SAFETY:

- Seat belt and helmet use
- Sun protection
- Substance use and riding in a vehicle
- Firearm safety

FAMILY NUTRITION/OBESITY PREVENTION/ORAL HEALTH:

- Dental hygiene-daily brushing, flossing, regular exams
- Body image
- Healthy eating- fruits, vegetables, calcium
- Limit junk food-have healthy snacks
- Physical activity and sleep

BEHAVIOR:

- Praise positive activities/achievements, not appearance
- Listen, respect adolescent's concerns, opinions, privacy
- Help with organization / priority setting, dealing with stress
- Actively discuss delaying sexual behavior; dating, curfew
- Discuss avoidance of alcohol, tobacco, inhalants, other drugs; express your values
- Supervise – anticipate errors in judgment, increased risk-taking

ASSESSMENT

Well Adolescent Exam

- Normal BMI percentile for age _____
- Normal BP for age _____

PLAN OF CARE (see Anticipatory Guidance)

Immunizations:

- Vaccine Information Statements Given
- Vaccine counseling given
- Vaccines due: HPV MenACWY MenB (for patients at prolonged increased risk) Tdap
- If indicated:** Influenza COVID-19
- Catch-up vaccinations given
 - Hep A Polio
 - Hep B Tdap
 - MMR Varicella

High risk: PPSV23

Past adverse reactions to immunizations:

- No Yes _____

See current guidelines: <https://www.cdc.gov/vaccines/index.html>

Preparticipation physical exam and cardiac screening

(refer to sports physical form for details)

- completed not completed

Lipid Screening (Universal lipid screening once between 17-21)

HIV Screening (Universal HIV screening once between 15-18)

- LAB if high risk:** HIV Lipid Panel Hb or Hct
- Sexually transmitted infections TB
 - other _____

Area Education Agencies: For development or educational concerns contact your local AEA. <http://www.iowaaea.org/>

5-2-1-0: Healthy choices framework. For more information: iowahealthieststate.com/resources/individuals/5210/

Healthy Families Line: For assistance with care coordination, transportation, or health information for children birth through age 21 call (800)369-2229

Return appointment:

- Follow-up in 12 months _____
- Other/referral based on risk assessment _____

Signature _____ Date _____

ATTACH LABEL

NOTES

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