

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**  
  Anemia \_\_\_\_\_  
  HIV \_\_\_\_\_  
  TB Risk \_\_\_\_\_  
  Tobacco, alcohol, and drug use (<http://crafft.org>) \_\_\_\_\_  
  STI Risk \_\_\_\_\_  
  Vision \_\_\_\_\_

**DEVELOPMENT**

- YES NO**  
  Able to bounce back from disappointment  
  Chores or responsibilities at home?  
  Clear rules and expectations at home?  
  Ability to get along with others  
  Controls emotions  
  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  
 Lives alone/with roommates

Others (including siblings):

**FAMILY RISK FACTORS:**

Changes in family since last visit:

**Do you need additional assistance with any of the following?**

- Getting enough to eat  Relationships  Drug abuse  
 Violence/Abuse  Financial  Alcohol abuse  
 Health Insurance  Child care  
 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	Weight _____ Kg		BMI _____ kg/m2		
<b>VITALS:</b>	Temp: _____	BP ____/____	HR: _____	Resp Rate: _____	SpO2 _____
Hearing Screen:	Left: (pass/fail)	Right: (pass/fail)			

**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:**

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:
  - If indicated:**  Influenza  COVID-19
- Catch-up vaccinations given
  - Hep A  MenB (for patients at prolonged increased risk)
  - Hep B  MMR
  - HPV  Polio
  - MenACWY  Tdap  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)

**Hep C Screening** (Universal screening recommended for adults 18 and older)

**Cervical Dysplasia Screening** (Universal screening recommended for ages 21 and older)

- LAB if indicated:**  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/](http://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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