

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

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

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

PHYSICAL EXAMINATION

Height _____ cm	Weight _____ kg		BMI _____ kg/m ²		
VITALS:	Temp: _____	BP ____/____	HR: _____	Resp Rate: _____	SpO ₂ _____
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/

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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