PEDIATRIC VISIT 14 TO 16 YEARS

DATE OF SERVICE_____

NAME_____ M / F DATE OF BIRTH_____ AGE_____

WEIGHT_____/____% HEIGHT_____/____% BMI _____/_____% TEMP_____ BP_____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? Yes / No_____
Family health history updated? Yes / No_____
Reactions to immunizations? Yes / No_____
Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Recent changes in family: *(circle all that apply)*
New members, separation, chronic illness, death, recent move, loss of job, other_____

Environment: Smokers in home? Yes / No

Violence Assessment: *(interview separately)*
Any fears of partner/other violence? Yes / No
Access to gun/weapon? Yes / No

RISK ASSESSMENT:

	CHOL	TB	ANEMIA	STI/HIV
(Circle)	Pos / Neg	Pos / Neg	Pos / Neg	Pos / Neg

SUBSTANCE USE:

	Tobacco	ETOH	DRUGS
(Circle)	Pos / Neg	Pos / Neg	Pos / Neg

Counseling provided? Yes/No _____
Referral? Yes/No To:_____

MENTAL HEALTH ASSESSMENT:

PHQ-9 completed Yes/No_____
Problem identified? Yes / No _____
Counseling provided? Yes / No _____
Referral? Yes / No To: _____

PHYSICAL EXAMINATION

Wnl	Abn	*(describe abnormalities)*
☐	☐	Appearance/Interaction
☐	☐	Growth
☐	☐	Skin
☐	☐	Head/Face
☐	☐	Eyes/Red reflex
☐	☐	Cover test/Eye muscles
☐	☐	Ears
☐	☐	Nose
☐	☐	Mouth/Gums/Dentition
☐	☐	Neck/Nodes
☐	☐	Lungs
☐	☐	Heart/Pulses
☐	☐	Chest/Breasts
☐	☐	Abdomen
☐	☐	Genitals/Tanner Stage/Pelvic/GU
		Age at menarche _____ LMP_____
☐	☐	Musculoskeletal
☐	☐	Neuro/Reflexes
☐	☐	Vision *(gross assessment)*
☐	☐	Hearing *(gross assessment)*

Signatures:_____

Nutritional Assessment:

Typical diet *(specify foods)*:

Symptoms of eating disorder? Yes / No

Physical Activities:

At least 1hr. exercise daily? Yes / No

Education: Food sources of iron, calcium, folic acid ☐
Select healthy foods ☐ Prevent obesity ☐ Eat breakfast ☐
Avoid eating disorders/fad diets ☐ 2 hrs or less of TV/computer games ☐
5 fruits/vegetables daily ☐ No sweetened beverages ☐

DEVELOPMENTAL SURVEILLANCE/ASSESSMENT:

Name of School: Grade: Performance:

Peer Relations:

Family Relations:

Extracurricular activities:

Misc. issues:

ANTICIPATORY GUIDANCE:

Social: Confidentiality ☐ Peer group pressures ☐ Mood swings ☐
Dependence vs. independence ☐ Establishing own values ☐
Social misconduct due to family dysfunctions ☐ Future plans ☐
Stay in school ☐ Love life ☐ ETOH use ☐ Drug Abuse ☐

Parenting: Establish fair, negotiable rules ☐ Allow decisions ☐
Provide support, encouragement ☐ Money, allowance ☐
Promote mutual respect ☐ Respect privacy ☐

Health: Dental care ☐ Personal hygiene ☐ Fluoride ☐ Menstruation ☐
Breast/testicular self-exam ☐ Smoking ☐ Second hand smoke ☐ Use sunscreen ☐ Tick prevention ☐

Sexuality: Prepare for physical changes ☐ Birth control ☐ STDs ☐
Sexual Responsibility ☐

Injury prevention: Seat belt ☐ Alcohol/drug use ☐ Bicycle helmets ☐
Protective devices in sports ☐ Water safety ☐
Smoke detector/escape plan ☐ Firearms (owner risk/safe storage) ☐

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date ☐_____
2. PPD, if positive risk assessment ☐_____
3. Recommend Objective Hearing and Vision Tests ☐_____
4. Testing/counseling if positive cholesterol risk assessment ☐_____
5. Testing/counseling if positive anemia risk assessment ☐_____
6. Testing if positive STD/HIV risk assessment ☐_____
7. Dental visit advised ☐ or date of last visit_____
8. Next preventive appointment at _____
9. Referrals for identified problems: Yes / No *(specify)*

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