



Name: _____

DOB: _____ Actual Age: _____

Language Spoken _____

Interpreter Name _____

Date: _____

17 - 18 - 19 - 20 YEARS

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BMI%: _____ BP: _____ Temp.: _____ Pulse: _____ Resp.: _____

Allergies: _____ Advance Directive Education after 18 yrs : Yes / No

Abuse: Witness or Victim: _____ Notes: _____

Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY: (indicate alone or with parent) Meds/Vits.: _____ LMP: _____

Diet: _____ Weight loss/gain: _____ Menarche: _____

Appetite: _____ Illnesses, stomach, headache, fatigue, depression: _____

Tobacco/alcohol/drug use: _____ Accidents: _____ Seeing dentist: Yes / No

Physical activity: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: _____ Exposure to tobacco smoke: _____ TB Risk: Yes / No

GROWTH/SCHOOL PROGRESS: Physical activity: _____ **Risk questions should be asked.**
Achievement, sports, peer relationships, attendance, hobbies, after high school plans, school or vision or hearing problems: _____

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance []	Well nourished and developed	Breast (female) []	No masses, Tanner stage I II III IV V
[]	No abuse/neglect evident	Lungs []	Clear to auscultation bilaterally
Head []	No lesions	Abdomen []	Soft, no masses, liver & spleen normal
Eyes []	PERRL, conjunctivae & sclerae clear	Genitalia []	Grossly nl, Tanner stage I II III IV V
[]	Vision grossly normal	Male []	Circ./uncirc. [] Testes in scrotum
Ears []	Canals Clear, TMs normal	Female []	No lesions, nl external appearances
[]	Hearing grossly normal	Pap []	Done or (if done elsewhere)
Nose []	Passages clear, MM pink, no lesions	[]	Dr.: _____ Date: _____
Teeth []	Grossly normal, no cavities	Femoral pulses []	Normal
Neck []	Supple, no masses, thyroid not enlarged	Extremities []	No deformities, full ROM
Chest []	Symmetrical	Lymph nodes []	Not enlarged
Heart []	No organic murmurs, regular rhythm	Back []	No scoliosis
		Skin []	Clear, no significant lesions
		Neurologic []	Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS:

[] HCT (yearly if menstruating)	[] Vaccine reactions, risks and follow-up explained / VIS sheets to be given.
[] UA (yearly)	[] Folic Acid .4 mg qd (ordered if female)
[] Influenza vaccine (check recommendations)	[] Lipid profile (if high risk)
[] Immunizations (if not up to date)	[] Nutritional Assessment
[] PPD (if at risk)	[] Dental Referral given
[] Immunization registry entry	[] HPV (if not up to date)
[] Vision screening (objective 18 years)	[] Meningococcal (for college)
[] Audiometry (objective 18 years)	[] Pap, GC, Chlamydia, VDRL (if sexually active)
	[] Counsel re: HIV (test if at risk)

STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies

ANTICIPATORY GUIDANCE: Circle if discussed

Correct diet: Obesity, eating disorders, and junk food, physical activity. Breastfeeding. Transitioning to adult provider.
Accident prevention: Seat belt use, Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.
Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, puberty progress, sex education (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, sun screen, family, social interaction, communications, personal development, independence, breast self exam, testicular, self exam, academic or work plans.

[] Refer to appropriate agency.
[] Refer to drug/ ETOH rehab, stop smoking class, OB/Gyn service, mental health or other _____
Next appointment [X] 1 year or _____ Signature _____ Date _____