NAME:	MEDICAID ID:
DOB:	PRIMARY CARE GIVER:
GENDER:	PHONE:
DATE OF SERVICE:	INFORMANT:

Texas Health Steps

CHILD HEALTH RECORD

20 YEAR VISIT

HISTORY

☐ See new patient history form

INTERVAL HISTORY:
☐ NKDA Allergies:

Sexually Active: Y ☐ N ☐

Last Menstrual Period: _____
Menstrual Cycle # Days: _____

Current Medications:
If sexually active using contraception: Y ☐ N ☐

Visits to other health-care providers, facilities:

Concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y ☐ N ☐
Findings:

☐ TB questionnaire*, risk identified: Y ☐ N ☐
**TB skin test if indicated* ☐ PPD placed
(See back for form)

NUTRITION*:
Problems: Y ☐ N ☐
Assessment:

**See Bright Futures Nutrition Book if needed*

IMMUNIZATIONS

☐ Up-to-date
☐ Deferred - Reason:

Given today: ☐ HAV ☐ HBV ☐ HPV ☐ IPV
☐ TD/TdaP ☐ Meningococcal ☐ MMR
☐ Pneumococcal ☐ Varicella ☐ Influenza

LABORATORY

☐ Up-to-date
☐ Deferred - Reason:

Ordered today:

Signature/title

UNCLOTHED PHYSICAL EXAM

☐ See growth graph

Weight: _____ (_____%) Height: _____ (_____%)
BMI: _____ (_____%) Heart Rate: _____
Blood Pressure: _____/_____ Respiratory Rate: _____
Temperature: _____

☐ Normal (Mark here if all items are WNL)

Abnormal (Mark all that apply and describe):

☐ Appearance	☐ Nose	☐ Lungs
☐ Head	☐ Mouth/throat	☐ GI/abdomen
☐ Skin	☐ Teeth	☐ Extremities
☐ Eyes	☐ Neurological	☐ Back
☐ Ears	☐ Heart	☐ Musculoskeletal

Abnormal findings:

Additional:
Breasts _____/5 Genitalia _____/5

Subjective Hearing Screening: P ☐ F ☐
Subjective Vision Screening: P ☐ F ☐

HEALTH EDUCATION/ANTICIPATORY GUIDANCE *(See back for useful topics)*

☐ Selected health topics addressed in any of the following areas*:

- Physical Growth and Development
- Nutrition
- Social and Academic Competence
- Safety

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y ☐
Other Referral(s)

Return to office:

Signature/title

Name: Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

18, 19 and 20 Year Old Visit

- Eat nutritious meals and snacks; limit sweets/sodas/high-fat foods
- Avoid alcohol/drugs/tobacco/steroid use
- Engage in physical activity for 1 hour/day
- Focus on healthy weight
- Manage conflict resolution in constructive/nonviolent manner
- Pregnancy/STI prevention
- Recognize signs of depression/anxiety or other mental health issues and discuss with parents/trusted adult/doctor if needed
- Self-breast/testicular exam
- Before becoming sexually active, obtain information on protection against STDs/pregnancy
- Enroll in gun safety class if interested
- Lock up guns for safety of others in household
- No riding in a car if use of alcohol/drugs involved
- Self-safety in stalking/abusive relationship/bullying
- Use seat belt for self at all times and all others in the car when driving
- Adhere to agreed-on curfew, after-school/work activities
- Attend school/work on time
- Continue chores as participant in family support
- Make decisions about education/work training with help of family
- Practice independent decision skills/problem solving, making decision to engage in sexual activity
- Signing consents for health/legal matters
- Stay connected with family and discuss questions/fears with them as needed
- Transition to adulthood for health, social and work matters

**See Bright Futures for assistance*

TB QUESTIONNAIRE **Place a mark in the appropriate box:**	Yes	Do not know	No
Has your child been tested for TB? If yes, specify date	☐	☐	☐
Has your child ever had a positive TB skin test? If yes, specify date	☐	☐	☐
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:			
has your child been around anyone with any of these symptoms or problems? or	☐	☐	☐
has your child had any of these symptoms or problems? or	☐	☐	☐
has your child been around anyone sick with TB?	☐	☐	☐
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?	☐	☐	☐
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks? If so, specify which country/countries?	☐	☐	☐
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison, or has recently come to the United States from another country?	☐	☐	☐