

# 15 to 20 YEAR VISIT



Date \_\_\_\_\_

Tennessee Chapter

Form revised 10/12

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Historian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in. BMI \_\_\_\_\_ %tile Temp. \_\_\_\_\_ AX Oral

B/P: \_\_\_\_\_ / \_\_\_\_\_

### NUTRITION

Low fat milk?  Yes  No

Variety of fruits, vegetables?  Yes  No

Eats breakfast?  Yes  No

Eats supper with family?  Yes  No

### INTERVAL HISTORY/NEW PROBLEMS

Change in family history?  Yes  No

If Yes, what? \_\_\_\_\_

Are there new problems or illnesses since the last visit?  Yes  No

If Yes, what? \_\_\_\_\_

### DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M  Yes  No

FH CVD heart disease <65 F  Yes  No

FH ↑ cholesterol  Yes  No

BP > 90% \_\_\_ DM \_\_\_ inactive \_\_\_

passive smoke \_\_\_ Chronic illness \_\_\_

BMI > 95% \_\_\_

Do you have any problems seeing or hearing? \_\_\_\_\_

### HEARING RISK ASSESSMENT\* — +

### VISION RISK ASSESSMENT\* — +

(test at age 15 & 18 or q3 years)

L near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

R near 20/ \_\_\_\_\_ far 20/ \_\_\_\_\_

Wears glasses, sees eye specialist

### ANEMIA RISK ASSESSMENT\* — +

poverty \_\_\_ poor diet \_\_\_ chronic illness \_\_\_

### ALCOHOL/DRUG USE ASSESSMENT\* — +

Ethoh, drug or substance to get high — +

### TB RISK ASSESSMENT — +

### STI RISK ASSESSMENT

Hx of sexual activity — +

Hx of IV drug use — +

### CERVICAL DYSPLASIA RISK ASSESSMENT

Hx of sexual activity — +

### Developmental/Behavioral Surveillance

Do you have any concerns about your child's development or behavior?  Yes  No

If Yes, why? \_\_\_\_\_

### Developmental Screening\*

(if clinically indicated)

Normal  Abnormal

School Grade \_\_\_\_\_

Problems?  Yes  No

If Yes, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHYSICAL EXAM Undressed: yes no

General -----  nl  abnl

Head -----  nl  abnl

Neck -----  nl  abnl

Eyes -----  nl  abnl

Ears -----  nl  abnl

Nose -----  nl  abnl

Throat/Mouth/Teeth --  nl  abnl

Chest

Breasts/Tanner Stage--  nl  abnl

Lungs-----  nl  abnl

Heart -----  nl  abnl

Abdomen -----  nl  abnl

Femoral Pulses -----  nl  abnl

Extremities -----  nl  abnl

Genitalia/Tanner Stage

Female  Male

### MUSCULOSKELETAL EXAM

Shoulder/arm-----  nl  abnl

Elbow/forearm-----  nl  abnl

Wrist/hand/fingers ----  nl  abnl

Hips/thigh -----  nl  abnl

Knee -----  nl  abnl

Leg/ankle -----  nl  abnl

Foot/toes -----  nl  abnl

### SAFETY

Driving and automobile safety

Bike helmet, safety

Smoke detectors in home

Swimming, water safety

Firearm safety

Sunburn prevention, tanning beds

### HEALTH

Healthy food choices, Ca++ intake

Concerns about weight, body image

Periods (girls) LMP \_\_\_\_\_

< 20-30% of calories from dietary fat

< 10% of calories from saturated fat

< 300 mg of cholesterol per day

Adequate sleep

Acne

Encourage sports, exercise

Sports form attached  Yes  No

### SOCIAL/BEHAVIORAL

School adjustment, performance

Plans for work/further education

Tobacco use

Drug and alcohol use

Dealing with stress, anger

Limit TV, computer time

Friends and fun

Boy or girl friends /dating safety

Abstinence, birth control

STDs

Family relationships

### SOCIAL/BEHAVIORAL (continued)

Social Media

Sleep hygiene

Eating disorder screen — +

### IMPRESSION

Well Adolescent

Normal Growth

Normal Development

\_\_\_\_\_

\_\_\_\_\_

### PLAN/REFERRALS

Immunizations current?  Yes  No

Tdap, MCV4 Booster, Varicella, HPV, Hep B

Influenza vaccine

V.I.S./Counseling

RTC at \_\_\_\_\_ years

Handouts

Cholesterol – Non-fasting Lipid Profile

(17-20 years) with follow up Fasting Lipid

Profile if non-fasting is abnormal

Hgb (if + menarche or high risk every

year) \_\_\_\_\_

Pap 3 yrs after onset sexual activity

STD screening

Review transition plan

Parent declination of treatment \_\_\_\_\_

Referrals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M.D. / P.N.P. / DO / PA

PROV# \_\_\_\_\_

See back for additional documentation

\* see separate form