



Name:	DOB:	Actual Age:
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HealthWatch EPSDT 9- 12 YEARS

INTAKE & VITAL SIGNS	
Height:	Weight: BMI: BP: Temp.: Pulse: Resp.:
Allergies: Growth Charts Completed []	
INTERVAL HISTORY (indicate alone or with parent)	
Diet:	Illnesses, stomach, headache: LMP:
Appetite:	Meds/Vits.: Weight loss/gain:
Physical Activity:	Fatigue, nightmares, enuresis, depression:
Exposure to tobacco smoke:	Accidents: Seeing dentist: Yes / No
Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity:	Menarche: TB risk: Yes / No
GROWTH/SCHOOL PROGRESS: Physical activity: _____ Achievement, sports, peer relationships (a best friend?), school vision or hearing problem, attendance:	
PATIENT/PARENTAL CONCERNS:	
PHYSICAL EXAMINATION (unclothed)	
Legend: ✓ = Normal x = Abnormal	
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	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit
ASSESSMENT:	
PLAN:	
ORDERS:	
[] Vaccine reactions, risks and follow-up explained / VIS sheet given.	
[] Hep B (if not up to date)	[] Hep A (if not up to date)
[] MMR (if not up to date)	[] HIV test (counsel if at risk)
[] Varicella (if not up to date or history date documented)	[] Rx for fluoride .50/1.0 mg QD till age 14
[] Td/Tdap (if not up to date)	[] HCT (Yearly if menstruating)
[] MCV4 (11-12 years)	[] Vision screening (objective 9,10,12 years)
[] Immunization Registry Entry	[] Audiometry (Objective 9,10, 12 years)
[] UA (Once between 11-21)	[] GC, Chlamydia, VDRL (if sexually active)
[] Rx. For Folic acid .4 mg qd. (if female)	[] Influenza vaccine (check recommendations)
[] HPV	[] Lipid Profile (if high risk)
	[] Dental Referral given
ANTICIPATORY GUIDANCE: Circle if discussed	
Diet: Limit sweets, sodium, and fat (esp. sat. & chol.), snacks, balanced meals, physical activity.	
Injury & Violence prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.	
Guidance: Bed time, discipline, smoking, family life education, puberty, early sex education, abstinence, regular exercise health decisions, TV, school, fun, friends, UV light protection, brushing teeth, dentist yearly, sexual abuse, & violence protection, seat belts, sun screen.	

[] Refer to appropriate agency.
 Next appointment: [] 1 year or _____ Signature _____ Date _____