

Adolescent Well Visit

Med Rec #

MA signature:

Parent present? Yes No

Name: _____ Date: _____ Age: _____ DOB: _____

BP: _____ HR _____ Resp _____ Temp _____ Wt: _____ Ht: _____ BMI: _____

History:

- Social/Family History
- Illness
- Accident
- Allergy Med:

TB Risk Factors: Y N Growth Chart reviewed
 Age at Menarche: _____ LMP _____
Food:

Physical Exam: (check if WNL)

- General appearance:
- Skin
- HEENT
- Neck
- Lungs
- Heart
- Abdomen
- Genitalia Tanner Stage ____ Breast Tanner ____
- Joints/Extremities
- Neurologic
- Dental Class: I II III

Vision Rt _____ LT _____ Hearing Screen

Development: (check/circle if discussed)

- School, grades, future plans/goals
- Drugs, ETOH, Tobacco
- Hobbies, activities, sports
- Home situation, family relations
- Abusive relationships, gangs
- Sexually active Y N

Anticipatory Guidance:

- Diet, nutrition, exercise
- safer sex/birth control
- puberty/menstruation/self esteem
- Coping skills for depression/anger/stress
- Safety: helmets, seat belts, sunscreen, guns, supervision
- Taught SBE / Testicular self exam

NOTES:

Plan: UA (chlamydia if sexually active female) Hgb other lab

Referrals: Dentist Other:

Vaccines: Hep B # Hep A # Tdap HPV MCV4 Flu Other:

RTC: PRN In _____ days/wks/mos NEXT Well Check _____ (ANNUAL for CCAH)

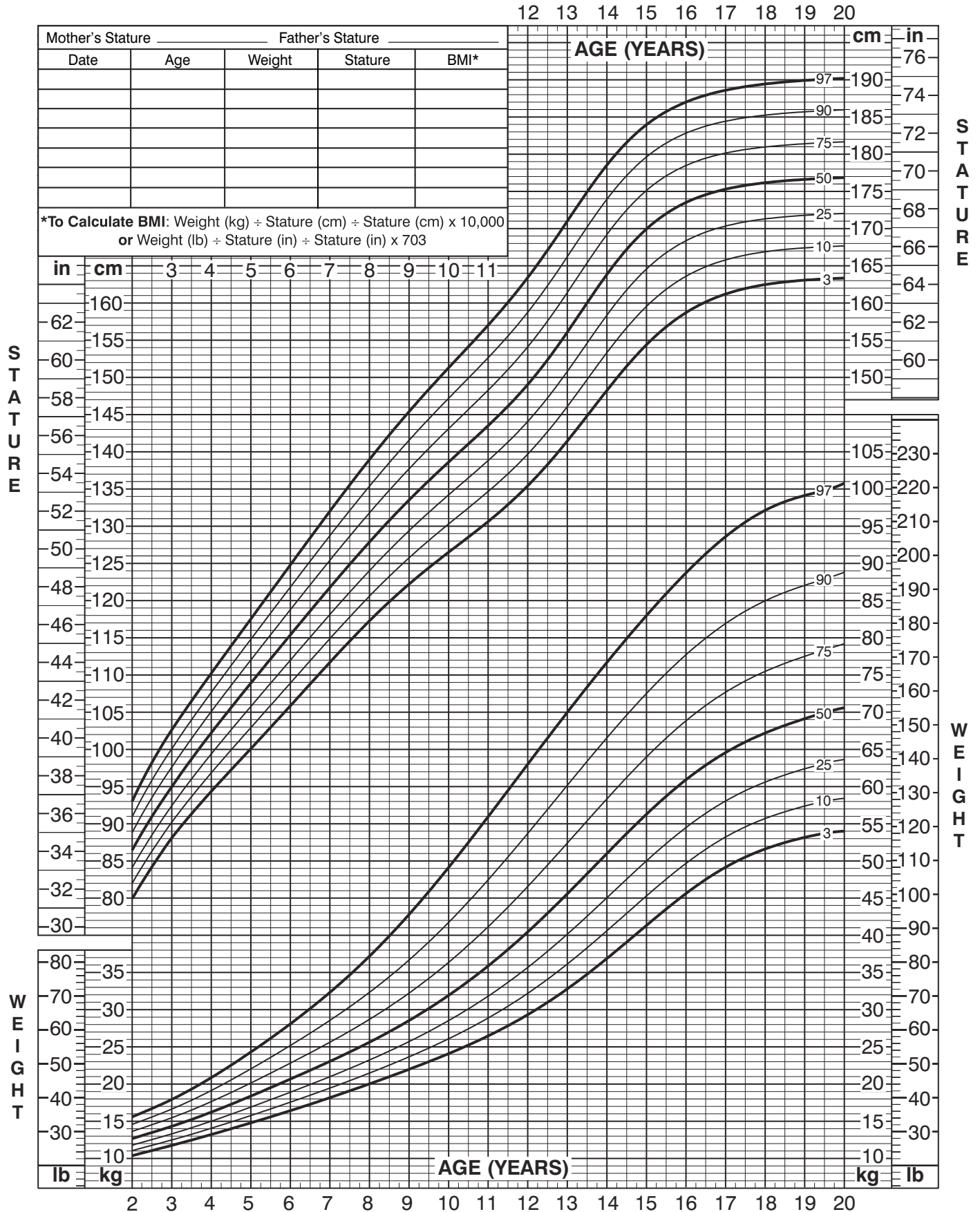
Provider Signature: _____

2 to 20 years: Boys

Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



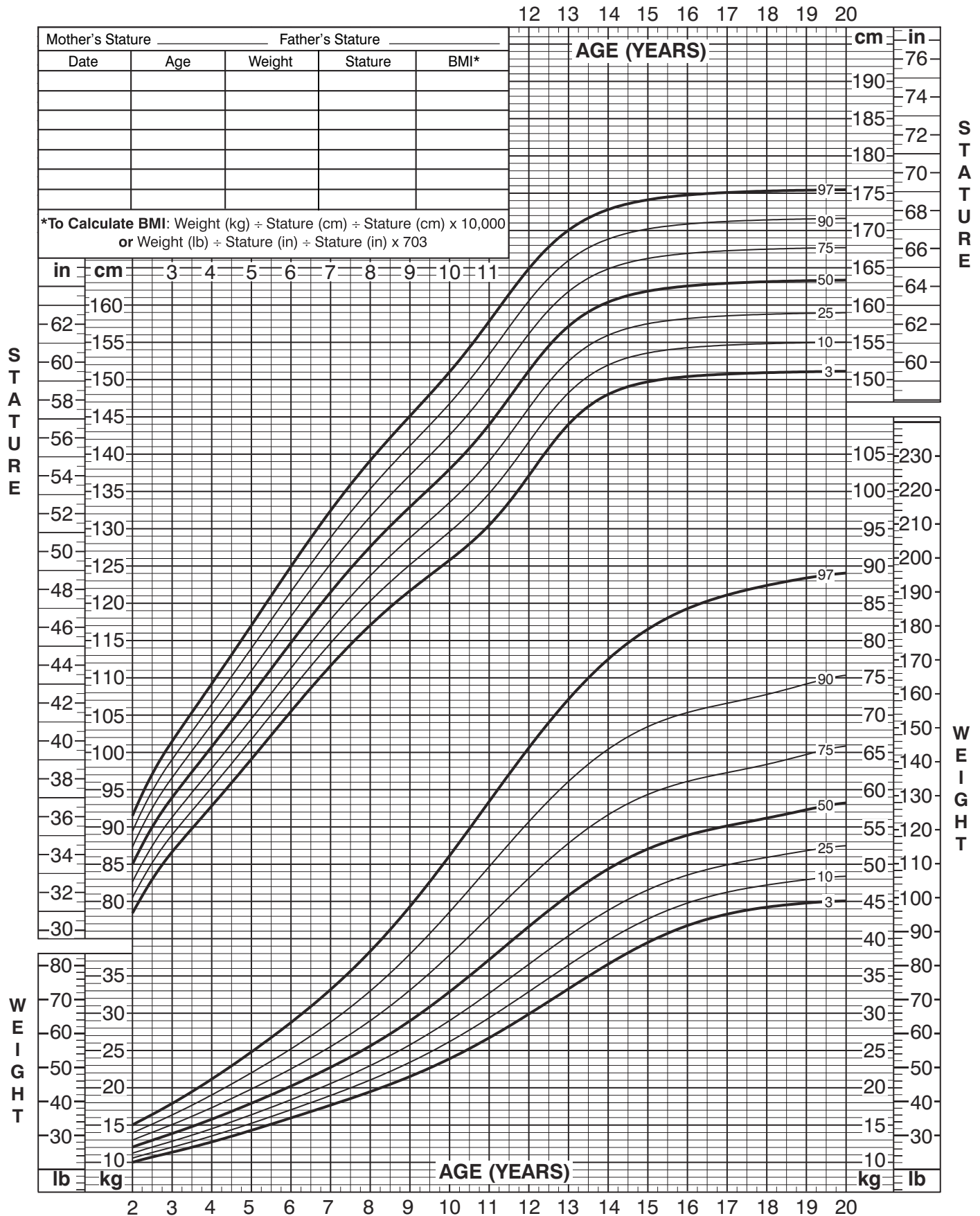
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2 to 20 years: Girls

Stature-for-age and Weight-for-age percentiles

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