WELL ADOLESCENT 13 – 14 – 15 – 16 YEARS	Name: ☐ Female ☐ Male
Visit Date: ___/____/____	DOB: ____/____/____ Age: _____ Grade: _____
Language spoken: ☐ English Other:	☐ Interpreter used – Name:

BP:	T:	P:	R:	Height:	Weight:	BMI%:	☐ Growth charts completed

Reason for visit:	
Allergies:	**Signature/ Title:**

INTERVAL HISTORY accompanied by:	**EDUCATION / ANTICIPATORY GUIDANCE:** *Check if discussed*	
Diet: Appetite:	**Diet and Exercise**	☐ food choices/caloric balance ☐ appropriate weight ☐ body image ☐ eating disorders ☐ physical activity
Weight - significant ☐ loss ☐ gain # lbs.:		
Physical Activity:	**Safety**	☐ anger management ☐ risk taking behaviors ☐ safety helmet ☐ seat belt use ☐ weapons
Seeing dentist: ☐ Yes ☐ No **TB risk:** ☐ No ☐ Yes		
Medications / Vitamins:	**High Risk Behavior**	☐ smoking ☐ alcohol, drugs ☐ sexual activity (condoms, contraception, STD risk)
Females – Menarche age: LMP:____/____/____		
Sexually active: ☐ No ☐ Yes – contraception type:	**Guidance**	☐ depression ☐ family dynamics ☐ plans/goals ☐ independence ☐ privacy ☐ puberty progress ☐ social interaction ☐ sun screen
Tobacco - ☐ smoke exposure ☐ use		
Alcohol: ☐ No ☐ Yes		
Drugs: ☐ No ☐ Yes	Comments:	

IMMUNIZATIONS up to date: ☐ Yes ☐ No – needs:

Illnesses, accidents, headaches, fatigue, depression:

DEVELOPMENT/SCHOOL - *Achievement, school attendance, sports, hobbies, peer relationships, after high school plans*

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION – *note required for all not WNL*

General Appearance	☐ well nourished and developed ☐ no abuse/neglect evident	**Lungs**	☐ clear to auscultation bilaterally
		Heart	☐ regular rhythm ☐ no murmur
Head	☐ grossly normal	**Femoral pulses**	☐ normal bilaterally
Eyes	☐ PERRL ☐ vision grossly normal	**Abdomen**	☐ soft, no masses ☐ liver & spleen normal
Ears	☐ canals clear ☐ TMs normal ☐ hearing grossly normal	**Genitalia**	☐ grossly normal - Tanner stage I II III IV V
		Spine	☐ no scoliosis
Nose	☐ passages clear ☐ MM pink, no lesions	**Extremities**	☐ no deformities, full ROM
Teeth	☐ good dentition ☐ no caries evident	**Skin**	☐ clear, no significant lesions
Neck	☐ supple ☐ thyroid not enlarged	**Neurologic**	☐ no gross sensory or motor deficit
Chest Breasts (F)	☐ symmetrical ☐ no masses, Tanner stage I II III IV V	Comments:	

ASSESSMENT:

PLAN:

VISION	**Near**	OD:	OS:	OU:
	Far	OD:	OS:	OU:
AUDIO - metry	**Right**	dB	Hz	☐ WNL
	Left	dB	Hz	☐ WNL
Performed by:				

ORDERS: ☐ Vaccine reactions, risks and follow-up explained /VIS sheets given ☐ Immunization registry entry

Immunizations *if not up to date:*
☐ Tdap ☐ MCV4 @ *15 years* ☐ Influenza *(yearly)* ☐ HPV

Screening
☐ Vision screening *(objective 15 yrs.)*
☐ Audiometry *(objective 15 yrs.)*

Other:

Diagnostic Testing if indicated / at risk:
☐ PPD (@ 11-16 yrs) ☐ HIV test ☐ Hct. ☐ Lipid profile ☐ U/A
☐ Pap, GC, Chlamydia, VDRL *(if sexually active)*

Prevention
☐ Rx for fluoride 0.5/ 1 mg daily *(until age 14)*
☐ Rx. for Folic Acid 0.4 mg daily *(if female)*

REFERRAL: ☐ Dental ☐ Drug/ETOH Rehab ☐ Smoking cessation ☐ OB/Gyn ☐ Mental Health Other: _____

Next appointment: ☐ 1 year or _____ **Provider Signature:** _____