

NAME:
DOB:
GENDER: MALE FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

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:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y N

Findings:

DEVELOPMENTAL/MENTAL HEALTH SCREENING:

(use of validated tool required)

PSC-17 PSC-35 Y-PSC PHQ-9 CRAFFT

PHQ-A (AAP tool: anxiety, eating disorders, etc.)

PHQ-A (depression screening) RAAPS P F

Findings:

TUBERCULOSIS:

TB questionnaire*, risk identified: Y N

**Tuberculin Skin Test if indicated* TST

(TB questionnaire-Page 2)

NUTRITION*: Problems: Y N Assessment:

*See *Bright Futures Nutrition Book* if needed

IMMUNIZATIONS

Up-to-date Deferred

Reason (if deferred):

Given today: Hep A* Hep B HPV Td/Tdap

 Meningococcal MMR Pneumococcal*

 Varicella Influenza

**Special populations: See ACIP*

LABORATORY

Tests ordered today:

 Dyslipidemia Screening (required once 18-20 years)

 HIV (if not completed at 16 or 17 years)

Other:

Signature/title

UNCLOTHED PHYSICAL EXAM

See growth graph

Weight: _____ (_____ %) Height: _____ (_____ %)

BMI: _____ (_____ %) Heart Rate: _____

Blood Pressure: _____ / _____ Respiratory Rate: _____

Temperature (optional): _____

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	Neck	Back
Ears	Heart	Musculoskeletal
		Neurological

Abnormal findings:

Additional:

Tanner Stage

Breasts _____ /5 Genitalia _____ /5

SENSORY SCREENING:

Subjective Hearing Screening: P F

Visual Acuity Screening:

OD _____ / _____ OS _____ / _____ OU _____ / _____

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

*See *Bright Futures* for assistance

ASSESSMENT

PLAN/REFERRALS

Dental Referral: Y

Other Referral(s)

Return to office:

Signature/title

Name: Medicaid ID:

Typical Developmentally Appropriate Health Education Topics

18 Year Old Checkup

- 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

TB QUESTIONNAIRE Place a mark in the appropriate box:

	Yes	Do not know	No
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Have you been tested for TB?

If yes, when (date)

Have you ever had a positive Tuberculin Skin Test?

If yes, when (date)

TB can cause fever that lasts for days or weeks, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:

have you been around anyone with any of these symptoms or problems?

have you been around anyone sick with TB?

have you had any of these symptoms or problems?

Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?

Have you 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, have you 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?