

NAME:
DOB:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF SERVICE:

MEDICAID ID:
PRIMARY CARE GIVER:
PHONE:
INFORMANT:

### HISTORY

See new patient history form

**INTERVAL HISTORY:**

NKDA Allergies:

Current Medications:

Visits to other health-care providers, facilities:

Parental concerns/changes/stressors in family or home:

Psychosocial/Behavioral Health Issues: Y  N   
Findings:

TB questionnaire\*, risk identified: Y  N   
\*Tuberculin Skin Test if indicated  TST  
(See back for form)

**NUTRITION\*:**  
Problems: Y  N   
Assessment:

\*See Bright Futures Nutrition Book if needed

### IMMUNIZATIONS

Up-to-date  
 Deferred - Reason:

Given today:  Hep A  Hep B  IPV  Td/Tdap  
 Meningococcal\*  MMR  MMRV  
 Pneumococcal\*  Varicella  Influenza

\*Special populations: See ACIP

### LABORATORY

Tests ordered today:

### 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):

- |                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Nose         | <input type="checkbox"/> Lungs           |
| <input type="checkbox"/> Head       | <input type="checkbox"/> Mouth/throat | <input type="checkbox"/> GI/abdomen      |
| <input type="checkbox"/> Skin       | <input type="checkbox"/> Teeth        | <input type="checkbox"/> Extremities     |
| <input type="checkbox"/> Eyes       | <input type="checkbox"/> Neck         | <input type="checkbox"/> Back            |
| <input type="checkbox"/> Ears       | <input type="checkbox"/> Heart        | <input type="checkbox"/> Musculoskeletal |
|                                     |                                       | <input type="checkbox"/> Neurological    |

Abnormal findings:

Additional:  
Tanner Stage  
Breasts \_\_\_\_\_ /5 Genitalia \_\_\_\_\_ /5

Audiometric Screening:  
R 1000Hz \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ \_\_\_\_\_  
L 1000Hz \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ \_\_\_\_\_

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\*:
- School Activities
  - Oral Health
  - Development
  - Nutrition
  - Physical Activities
  - Safety

\*See Bright Futures for assistance

### ASSESSMENT

### PLAN/REFERRALS

Dental Referral: Y   
Other Referral(s)

Return to office: \_\_\_\_\_

Signature/title

Signature/title

