

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 standardized tool (required once 12-18 years):

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

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: \_\_\_\_\_

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

\*Special populations: See ACIP

## LABORATORY

Tests ordered today:

HIV (required once 16-18 year)

Other: \_\_\_\_\_

## 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

### SENSORY SCREENING:

Subjective Hearing Screening: P ☐ F ☐

Subjective Vision Screening: P ☐ F ☐

## 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 \_\_\_\_\_

Signature/title \_\_\_\_\_

Name:

Medicaid ID:

## Typical Developmentally Appropriate Health Education Topics

### 16 Year Old Checkup

- Provide nutritious meals and snacks; limit sweets/sodas/high-fat foods
- Discuss family expectations concerning dating/sexual contact/abstinence/substance use/peer pressure
- Encourage physical activity for 1 hour/day
- Establish consistent limits/rules and consistent consequences
- Increase difficulty of chores to develop sense of family responsibility/self accomplishment
- Limit TV/computer time to 2 hours/day
- Pregnancy/STI prevention
- Promote healthy weight
- Self-breast/testicular exam
- Discuss self-safety in stalking/abusive relationship/bullying
- Do not ride in a car if use of alcohol/drugs involved
- During sports wear protective gear at all times
- Get to know teen's friends and their parents
- Lock up guns, enroll in gun safety class if interested
- Promote use of seat belt
- Provide information about sexuality/risks involved in sexual activity
- Teach self-safety at friend's home/car and how to exit situation
- Discuss additional help with teacher if there are concerns/bullying
- Discuss nonviolent conflict resolution, demonstrate anger management at home
- Discuss school activities and school work
- Encourage independent decision-making skills/thinking through steps of a project/encourage involvement in family decisions
- Establish an agreed-on curfew, after-school activities
- Establish self-responsibility for homework completion
- Observe for signs of depression/anxiety or other mental health issues
- Provide space/time for homework/personal time
- Discuss tobacco use

### TB QUESTIONNAIRE Place a mark in the appropriate box:

	Yes	Do not know	No
Have you been tested for TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when (date)			
Have you ever had a positive Tuberculin Skin Test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have you been around anyone sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have you had any of these symptoms or problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>