



NAME _____ DOB _____ AGE _____ SEX _____ WGT _____ HGT _____ BP _____ SCREEN DATE _____ Nose
sexually active, annually

ALLERGIES _____ CURRENT MEDS _____

HISTORY

Concerns and questions _____
Follow up on previous concerns _____
Interval history None _____

SOCIAL/FAMILY HISTORY

See Initial History No interval change
Family Situation No interval change
Parents working outside home Mother Father
Child care Yes No Type _____
Changes since last visit _____

CURRENT HEALTH INDICATORS

See Initial History No interval change
Changes since last visit _____

Nutrition Eating Habits _____

Normal growth Plotted on growth chart
 Normal elimination Normal sleep patterns
 Appropriate behavior

Tuberculosis Screen: High Risk Low Risk
 Exposure to TB
 Radiographic or clinical findings
 Immigrant from areas with high prevalence
 Residence/travel in area with high prevalence
 Incarcerated adolescent
 Injection drug use
 HIV infection or living with person who has HIV
 Other medical risk factors

Development/Behaviors/School/Relationships and Sexuality
Social/Emotional Development:

Fun activities _____
 Friend (s) _____
 Worry(ies) _____

Sad less than a week
 Angry less than a week
 Down/depressed less than a week
 No thoughts or plan to hurt self
 No thoughts or plan to hurt other persons or animals
 Trouble at school
 Trouble with the law

Risky Behaviors:
 Does not feel good about self-image

CURRENT HEALTH INDICATORS (CONTINUED)

Fast Purge Laxatives Diet Pills Binge
 Has lack of physical activities
 Smoke Cigarettes Amount _____
 Chew tobacco
 Drink Alcohol: Amount _____
 Other drugs Amount _____
 Use of inhalants Amount/type _____
 Driving in car while driver drinking or using drugs
 Peer pressure to do things you don't want to do
 Does not wear seat belt helmet other protective equipment
 Owns a gun Access to gun
 Witnessed violence Threatened with violence
 Victim of violence

School:
 Likes most about school _____
 Likes least about school _____
 Follows rules of school
 Positive remarks by teachers
 Proud of achievements
 Attends school regularly
 Difficulty in homework
 Involved in school activities _____
 Plans after graduation _____

Relationships and Sexuality:
Family:
 Gets along with other family members _____
 Family rules clear and fair _____
 Things to change about the family if possible _____

Sexuality:
 Has had sex Sexually active now
 Condom Birth Control
 Touched in a way you didn't like _____
 Forced to have sex _____
 Sexually transmitted disease (s) _____

Age 12 only:
 Vision Acuity Screen (objective) Right _____ Left _____
 Hearing Screen (objective) Right _____ Left _____

PHYSICAL EXAMINATION

✓=NL
 General Appearance Abdomen
 Head Genitalia
 Eyes - internal/external Male
 Ears - internal/external Female - pelvic exam if

PHYSICAL EXAMINATION (CONTINUED)

Mouth/Throat Extremities
 Lungs Femoral pulses
 Heart Skin
 Back Neurologic
Abnormal findings/comments:

ANTICIPATORY GUIDANCE/HEALTH EDUCATION

Discussed Handout(s) given
Healthy and Safe Habits: Nutrition Elimination
 Sleep Oral/Dental care Development
 Risk Behaviors School Relationships
 Sexuality Injury/violence prevention Mental Health
 Substance use/abuse Social competence
 Responsibility Community interactions

PLAN

Immunizations UTD Given _____
Laboratory needed Hgb/Hct Other _____

REFERRALS

TB Protocol PPD Results _____
 Vision 20/40> Hearing <20 dB @ each frequency
Development/Behavior:
 Multiple stressors
 Recurrent/severe depression or other risk factors for suicide
 History of emotional, physical or sexual abuse
 Learning disabilities School problems
 Cruelty to other persons or to animals
 Dentist Further medical treatment/diagnosis

Referred to:

FOLLOW UP /NEXT VISIT:

Please Print Name of Facility or Clinician _____

Signature of Clinician _____

