

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WGT \_\_\_\_\_ HGT \_\_\_\_\_ BP \_\_\_\_\_ SCREEN DATE \_\_\_\_\_

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
  - Homelessness
  - 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
  - Self-mutilation

**CURRENT HEALTH INDICATORS (CONTINUED)**

- If anything could be changed in your life, what would they be \_\_\_\_\_
- Risky Behaviors:
  - Does not feel good about self-image
  - 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 \_\_\_\_\_
  - Drive car while drinking or using drugs
  - 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/Vocational Performance:**

- Attends school  Involved in school activities
- Free time activities \_\_\_\_\_
- Working  Satisfied with job
- Proud of achievements
- Career goals \_\_\_\_\_

**Relationships and Sexuality:**

- Family:
- Lives at home  Lives outside the home
  - Gets along with family members \_\_\_\_\_
  - Family/school rules clear and fair \_\_\_\_\_
  - Things to change about the family/school if possible \_\_\_\_\_

**Sexuality:**

- Dating
- Has had sex  Sexually active now  Condom
- Been pregnant  Birth Control
- Responsible for someone becoming pregnant
- Touched in a way you didn't like \_\_\_\_\_
- Forced to have sex \_\_\_\_\_
- Sexually transmitted disease (s) \_\_\_\_\_

**Age 18 only:**

- Vision Acuity Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_
- Hearing Screen (objective) Right \_\_\_\_\_ Left \_\_\_\_\_

**PHYSICAL EXAMINATION**

- =NL
- General Appearance  Abdomen
- Head  Genitalia
- Eyes - internal/external  Male
- Genitalia  Female - pelvic exam if sexually active, annually
- Ears - internal/external  Extremities
- Nose  Femoral pulses
- Mouth/Throat  Skin
- Lungs  Neurologic
- Heart
- Back

Abnormal findings/comments:

**ANTICIPATORY GUIDANCE/HEALTH EDUCATION**

- Discussed  Handout(s) given
- Promotion of Healthy and Safe Habits:  Nutrition
- Elimination  Sleep  Oral/Dental care
- Development  Risky Behaviors  School
- Mental Health  Relationships  Sexuality
- Prevention of Substance use/abuse
- Injury/violence prevention  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

