

PEDIATRIC VISIT 12 TO 13 YEARS

DATE OF SERVICE _____

NAME _____

M / F DATE OF BIRTH _____ AGE _____

WEIGHT _____ / _____ % HEIGHT _____ / _____ % BMI _____ % TEMP _____ BP _____

HISTORY REVIEW/UPDATE: *(note changes)*

Medical history updated? Yes / No _____

Family health history updated? Yes / No _____

Reactions to immunizations? Yes / No _____

Concerns: _____

PSYCHOSOCIAL ASSESSMENT:

Recent changes in family: *(circle all that apply)*

New members, separation, chronic illness, death, recent move, loss of job, other _____

Environment: Smokers in home? Yes / No

Violence Assessment: *(interview separately)*

Any fears of partner/other violence? No _____ Yes _____

Access to gun/weapon? No Yes

SUBSTANCE ABUSE ASSESSMENT:

Neg: _____ Pos: _____ For: _____

Referral: No Yes To: _____

RISK ASSESSMENT: CHOL TB STI/HIV

(Circle) Pos / Neg Pos / Neg Pos / Neg

MENTAL HEALTH ASSESSMENT:

Problem identified? ___No ___Yes

Referral? ___No ___Yes To: _____

Counseling provided? No Yes

PHYSICAL EXAMINATION

Wnl Abn *(describe abnormalities)*

Appearance/Interaction

Growth (symptoms of eating disorders?)

Skin

Head/Face

Eyes/Red reflex

Cover test/Eye muscles

Ears

Nose

Mouth/Gums/Dentition

Neck/Nodes

Lungs

Heart/Pulses

Chest/Breasts

Abdomen

Genitals/Tanner Stage/Pelvic/GU

Age at menarche _____ LMP _____

Musculoskeletal

Neuro/Reflexes

Vision *(gross assessment)*

Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet: *(specify foods):*

Physical Activities:

Education: Choose variety of foods Sociable at table

Avoid fad diets/eating disorders Select healthy snacks

DEVELOPMENTAL SURVEILLANCE:

Name of School:

Grade:

Performance:

Peer Relations:

Family Relations:

Extracurricular activities:

Misc. issues:

ANTICIPATORY GUIDANCE:

Social: Family and peer activities Ownership and competition Responsibility for self and family

Parenting: Establish fair, negotiable rules Money, allowance

Promote mutual & self-respect Respect privacy Allow decisions

Spend time with child talking, projects

Play and communication: Organized sports

Monitor TV and internet use

Health: Dental care Fluoride Personal hygiene Smoking

Second hand smoke Use sunscreen Tick prevention

Sexuality: Prepare for physical changes Masturbation

Modesty Sexual Responsibility STDs

Injury prevention: Seat belt Bicycle helmet Riding in traffic

Smoke detector/escape plan Poison control # Water safety

Protective devices in sports

Firearms (toys; owner risk/safe storage)

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date _____

2. PPD if positive risk assessment _____

3. Dental visit advised or date of last visit _____

4. Recommend objective Hearing and Vision Tests _____

5. Testing/counseling if positive cholesterol risk assessment _____

6. Testing if positive STD/HIV risk assessment _____

7. Testing for sickle cell trait if original metabolic results not available _____

8. Pap/UA if sexually active _____

9. Next preventive appointment at _____

10. Referrals for identified problems: Yes / No *(specify)*

Signatures: _____