

BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®

Name:			Actual Age:
_		iguage Spoken	
Date:			9 - 10 - 11 - 12 YEARS
NURSING INTAKE			
Height: Weight: BMI:	BMI%: BP:	Temp.:	Pulse: Resp.:
Allergies:		Growth Charts Con	npleted []
Abuse: Witness or victim: Alternate health care provider:		Notes: MA Signature	
INTERVAL HISTORY (indicate	alone en with nevent)	Illnesses, stomach	handacha
Diet:	aione or with parent)	Meds/Vits.:	LMP:
Appetite:		Weight loss/gain:	Livit .
Physical Activity:			es, enuresis, depression:
Exposure to tobacco smoke:		Accidents:	Seeing dentist: Yes / No
Tobacco/alcohol/drug use:		Family history: H'	TN, heart disease, high cholesterol, DM, asthma
Sexual activity:		Menarche:	TB risk: Yes / No
GROWTH/SCHOOL PROGRESS: Physical activity: Risk questions for 12 year olds need to be asked.			
Achievement, sports, peer relationships (a best friend?), school vision or hearing problem, attendance:			
PATIENT/PARENTAL CONCERN	NS;		
PHYSICAL EXAMINATION General Appearance [] Well not	urished and developed	Breast (female)	[] No masses, Tanner stage I II III IV V
	e/neglect evident	Lungs	
Head [] No lesio		Abdomen	
	conjunctivae & sclerae clear	Genitalia	[] Grossly nl, Tanner stage I II III IV V
	rossly normal	Male	
	Clear, TMs normal	Female	L J I I I I I I I I I I I I I I I I I I
	grossly normal s clear, MM pink, no lesions	Femoral pulses Extremities	[] Normal[] No deformities, full ROM
	normal, no cavities	Lymph nodes	
	no masses, thyroid not enlarged	Back	
Chest [] Symmet		Skin	
Heart [] No organ	ic murmurs, regular rhythm	Neurologic	[] Alert, no gross sensory or motor deficit
ASSESSMENT:			
PLAN:			
ORDERS:	Waasing reactions risks and	follow up ovplaina	1 / VIS sheet given
ORDERS:[] Vaccine reactions, risks and follow-up explained / VIS sheet given.[] Hep B (if not up to date)[] Rx for fluoride .50/1.0 mg QD till age 14			
[] MMR (if not up to date) [] HIV test (counsel if at risk) [] HCT (Yearly if menstruating)			
[] Varicella (if not up to date or history date documented) [] Vision screening (objective 9,10,12 years)			
[] Td/Tdap (if not up to date) [] MCV4 (11-12 years) [] Audiometry (Objective 9,10, 12 years)			
[] Immunization Registry Entry [] GC, Chlamydia, VDRL (if sexually active) [] UA (Once between 11-21) [] Influenza vaccine (check recommendations)			
] OA (once between 11-21) [] Influenza vaccine (check recommendations)] Rx. For Folic acid .4 mg qd. (if female) [] Lipid Profile (if high risk)			
[] HPV	,	[]Dental Referral	
ANTICIPATORY GUIDANCE: Circle if discussed			
Diet: Limit sweets, sodium, and fat (esp. sat. & chol.), snacks, balanced meals, physical activity.			
Injury & Violence prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.			
Guidance: Bed time, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education			
puberty, abstinence, regular exercise – 3 times a week, health decisions, TV, school, fun, friends, UV light protection, brushing teeth, dentist yearly, sexual abuse, and violence protection, seat belts, sun screen.			
[] Refer to appropriate agency.	abuse, and violence protectio	n, seat dens, sun scre	
 [] Refer to drug/ ETOH rehab, stop smoking class, OB/Gyn service, mental health or other 			
Next appointment: [X] 1 year or Signature Date			
Next appointment: [X] I year or	Signature		Date