



Name: _____ DOB: _____ Actual Age: _____
 Language Spoken _____ Interpreter Name _____
 Date: _____

13 - 14 - 15 - 16 YEARS

NURSING INTAKE							
Height:	Weight:	BMI:	BMI%:	BP:	Temp:	Pulse:	Resp.:
Allergies:					Growth Charts Completed: []		
Abuse: Witness or victim:					Notes:		
Alternate health care provider:					MA Signature		

INTERVAL HISTORY (indicate alone or with parent)	Meds/Vits.:	LMP:
Diet:	Weight loss/gain:	Menarche:
Appetite:	Physical Activity:	TB risk: Yes / No
Exposure to tobacco smoke:	Accidents:	Seeing dentist: Yes / No
Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Sexual activity:	Illnesses, stomach, headache, fatigue, depression:	

GROWTH/SCHOOL PROGRESS: Physical activity: _____ **Risk questions should be asked for all ages.**
 Achievement, sports, peer relationships, attendance, hobbies, school vision or hearing problem, attendance, after high school plans:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION		Female [] Pap done
General Appearance [] Well nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V	Lungs [] Clear to auscultation bilaterally
[] No abuse/neglect evident	Abdomen [] Soft, no masses, liver & spleen normal	Genitalia [] Grossly nl, Tanner stage I II III IV V
Head [] No lesions	Male [] Circ./uncirc. [] Testes in scrotum	Female [] No lesions, nl external appearances
Eyes [] PERRL, conjunctivae & sclerae clear	Femoral pulses [] Normal	Extremities [] No deformities, full ROM
[] Vision grossly normal	Lymph nodes [] Not enlarged	Back [] No scoliosis
Ears [] Canals Clear, TMs normal	Skin [] Clear, no significant lesions	Neurologic [] Alert, no gross sensory or motor deficit
[] Hearing grossly normal		
Nose [] Passages clear, MM pink, no lesions		
Teeth [] Grossly normal		
Neck [] Supple, no masses, thyroid not enlarged		
Chest [] Symmetrical		
Heart [] No organic murmurs, regular rhythm		

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risk and follow-up explained /VIS sheets given.

[] Hep B (if not given previously)	[] Immunization registry entry	[] HPV (if not up to date)
[] MMR (if not up to date)	[] Vision screening (objective at 15 yrs)	[] UA(yearly)
[] Varicella, (if not up to date or history date documented)	[] Audiometry (objective at 15 yrs)	[] PPD
[] Hep A (if not given previously)	[] Dental Referral given	[] Lipid profile (if high risk)
[] HCT (once between 11 to 21 years)	[] Rx for fluoride .50/1.0 mg QD till age 14.	
[] MCV4 @ 15 years (if not up to date)	[] Rx. For Folic Acid .4 mg qd. (if female)	
[] Influenza vaccine (check recommendations)	[] Pap, GC, Chlamydia, VDRL (if sexually active)	
[] Td/Tdap (if not up to date)	[] Counsel re HIV (test if at risk)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Fat (esp. sat. & chol.), Na, Fe, Ca, caloric balance, appropriate weight, junk food, eating disorders, physical activity.
 Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety.
 Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sun screen, sex education (partner selection, condoms, contraception, AIDS risk factors), goals in life, family interaction, exercise, physical activity, seat belt use, self breast exam, testicular self exam, personal development: physical, growth, sexuality, independence

[] Refer to appropriate agency.
 [] Refer to Drug/ ETOH rehab, stop smoking class, OB/Gyn service, mental health services or other _____

Next appointment: [X] 1 year or _____ MD Signature: _____ Date _____