



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

9 - 10 - 11 - 12 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)
Diet: Illnesses, stomach, headache:
Appetite: Meds/Vits.: LMP:
Physical Activity: Weight loss/gain:
Exposure to tobacco smoke: Fatigue, nightmares, enuresis, depression:
Tobacco/alcohol/drug use: Accidents: Seeing dentist: Yes / No
Sexual activity: Family history: HTN, heart disease, high cholesterol, DM, asthma
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 CONCERNS;

PHYSICAL EXAMINATION

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

ASSESSMENT:

PLAN:

ORDERS:

[] Vaccine reactions, risks and follow-up explained / VIS sheet given.
[] Hep B (if not up to date) [] Hep A (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)
[] Rx. For Folic acid .4 mg qd. (if female) [] Lipid Profile (if high risk)
[] HPV [] Dental Referral given

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

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