**PEDIATRIC VISIT 11 TO 14 YEARS** DATE OF SERVICE

NAME

M / F DATE OF BIRTH

AGE

WEIGHT / % HEIGHT / % BMI / % TEMP BP

**HISTORY REVIEW/UPDATE:** *(note changes)*

Medical history updated? Family health history updated? 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? Yes / No Access to gun/weapon? Yes / No

**RISK ASSESSMENT:** (by questionnaire)

|  |  |  |  |
| --- | --- | --- | --- |
| **CHOL** | **TB** | **ANEMIA** | **STI/HIV** |
| (Circle) Pos / Neg | Pos / Neg | Pos / Neg | Pos / Neg |

**SUBSTANCE USE Assessment:**

**CRAFFT/Other objective tool: Y/N Tobacco ETOH / DRUGS e-Cigarettes/Vaping** Pos / Neg Pos / Neg Pos / Neg

Counseling provided? Yes/No

Referral/Testing? Yes/No

Specify:

# MENTAL HEALTH ASSESSMENT:

PHQ-9 completed Yes/No Problem identified? Yes / No Counseling provided? Yes / No Referral? Yes / No To: **PHYSICAL EXAMINATION:** (unclothed)

Wnl Abn *(describe abnormalities)*

**** **** Appearance/Interaction

**** **** Growth

**** **** 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/objective)*

**** **** Hearing *(gross assessment/objective)*

# NUTRITIONAL ASSESSMENT:

**Typical diet:** *(specify foods)***:**

Symptoms of eating disorders? Yes / No

**Physical Activities:**

At least 1hr. exercise daily? Yes / No

**Education:** Choose variety of foods **** Sociable at table ****

Avoid fad diets/eating disorders **** Select healthy snacks ****

5 fruits/vegetables daily **** 2 hrs or less of TV/computer games ****

# DEVELOPMENTAL SURVEILLANCE/ASSESSMENT:

**Name of School:** Grade: Performance:

**Peer Relations:**

**Family Relations:**

**Extracurricular activities:**

**Dicussed transition to adult care/self care**:

**Misc.Issues:**

# ANTICIPATORY GUIDANCE:

**Social:** Family and peer activities **** Ownership and competition ****

Responsibility for self and family **** ETOH use **** Drug Abuse ****

**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 **** Alcohol/drug use ****

Firearms (look alike toys; owner risk/safe storage) ****

# PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date ****
2. Labs/testing for any positive risk assessment. **** **-**
3. Dental visit advised **** or date of last visit
4. Next preventive appointment at
5. Lab tests or other ordered for identified

problems

1. Counseling for identified problems:
2. Referrals for identified problems: Yes / No *(specify)*

**Signatures:**

*https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx* ***Maryland Healthy Kids Program*** 2020