PEDIATRIC VISIT 17 TO 20 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:

	CHOL	TB	ANEMIA	STI/HIV
(Circle)	Pos / Neg	Pos / Neg	Pos / Neg	Pos / Neg

SUBSTANCE USE:

	Tobacco	ETOH	DRUGS
(Circle)	Pos / Neg	Pos / Neg	Pos / Neg

Counseling provided? Yes/No ____________________

Referral? Yes/No To:___________________________

MENTAL HEALTH ASSESSMENT:

PHQ-9 completed Yes/No________________________

Problem identified? Yes / No ______________________

Counseling provided? Yes / No ______________________

Referral? Yes / No To: ____________________________

PHYSICAL EXAMINATION

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)*
☐	☐	Hearing *(gross assessment)*

NUTRITIONAL ASSESSMENT:

Typical diet *(specify foods)*:

Symptoms of eating disorder? Yes / No

Physical Activities:
At least 1hr. exercise daily? Yes / No

Education: Select healthy foods ☐ Use skim milk/and lowfat foods ☐
Avoid fad diets ☐ 2 hrs or less of TV/computer games ☐
5 fruits/vegetables daily ☐ No sweetened beverages ☐
Vitamin/mineral supplements, folic acid for females ☐ Eat breakfast ☐

DEVELOPMENTAL SURVEILLANCE/ASSESSMENT:

Name of School:

Grade: Performance:

Peer Relations:

Family Relations:

Extracurricular activities:

Misc. issues:

ANTICIPATORY GUIDANCE:

Social: Love life ☐ Peer groups pressures ☐ Mood swings ☐
Social misconduct resulting from family dysfunctions ☐
Establishing own values ☐ Future plans ☐ Stay in school ☐

Parenting: Support ☐ Prepare for independence ☐

Health: Dental care ☐ Fluoride ☐ Personal hygiene ☐ Smoking ☐
Second hand smoke ☐ Menstruation ☐ Breast/testicular self-exam ☐
Physical activity ☐ Use sunscreen ☐ Tick prevention ☐

Sexuality: Birth control ☐ Sexual Responsibility ☐ STDs ☐

Injury prevention: Seat belt ☐ Bicycle helmets ☐
Protective devices in sports ☐ Smoke detector/escape plan ☐
Firearms (owner risk/safe storage) ☐ Alcohol/drug use ☐

PLANS/ORDERS/REFERRALS

1. Review immunizations and bring up to date ☐ ________________
2. PPD if positive risk assessment ☐ ________________________
3. Testing/counseling if positive cholesterol risk assessment ☐_______
4. Dyslipidemia test required between 18 and 20 years of age. ☐______
5. Testing/counseling if positive anemia risk assessment ☐__________
6. Testing if positive STD/HIV risk assessment ☐ ______________
7. Dental visit advised ☐ or date of last visit ☐ ________________
8. Next preventive appointment at __________________________
9. Referrals for identified problems: Yes / No *(specify)*

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Signatures:____