

**SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 12 - 13 YEARS**

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS

No Concerns

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

PRESENT HISTORY

Meds: _____

Menstrual _____ Menarche _____

Diet _____

Exercise _____

Sleep _____

Dental _____

Tobacco: No Yes Alcohol: No Yes Drugs: No Yes

School _____ Grade _____

Performance _____

Extracurricular _____

SOCIAL

Friends _____

Behavior _____

TV _____ Computer _____ Phone _____

FAMILY

Other _____

Information completed by: _____

Relationship to child: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____

BP _____ Temp _____ Pain _____

N AB

COMMENTS

- Gen. Appearance _____
- Skin _____
- Head _____
- Eyes/Strabismus _____
- Ears/Nose/Oropharynx _____
- Neck/Nodes _____
- Chest/Lungs _____
- Cardiovascular/Pulses _____
- Abdomen _____
- Spine (Scoliosis) _____
- Genitalia _____
- Musculoskeletal _____
- Neuro/Reflexes _____
- Overall physical maturity (Tanner) I II III IV V
- Hearing (formal) R _____ L _____
- Vision (formal) R _____ L _____

ANTICIPATORY GUIDANCE

Diet

- Healthy Choices
- Calcium

Development

- Confidentiality
- Variation in G & D
- Normalcy concerns
- Dealing with peer pressure
- Independence

Injury Prevention

- Smoking
- Sports/Bicycle Helmet
- Auto Passenger Safety

LABS: U/A Hgb Cholesterol Other _____

IMMUNIZATIONS: Adacel Hep B Other _____

Vaccine Information Sheet given & discussed

Vaccine concerns? No Yes: Resolved Deferred Refused

Comments _____

If vaccines not given, form signed? No Yes

ASSESSMENT/RECOMMENDATIONS:

Healthy child _____

Return for 14 - 15 year checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling