

SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 14 - 15 YEARS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Parental Language Barrier: N Y _____

Confidential Visit? Yes No

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 _____

Sexual Hx _____

FAMILY

Other _____

Information completed by: _____

Relationship to patient: _____

PHYSICAL EXAMINATION

Length _____ Weight _____ BMI _____ BMI% _____

BP _____ Temp _____ Pain _____

Vision: O.S. _____ O.D. _____ O.U. _____

Hearing: Normal Abnormal

N AB

COMMENTS

Gen. Appearance _____

Skin _____

HEENT _____

Chest/Lungs _____

Cardiovascular/Pulses _____

Abdomen _____

Spine (Scoliosis) _____

Genitalia/Pelvic _____

Musculoskeletal _____

Neuro/Reflexes _____

Overall physical maturity (Tanner) I II III IV V

Psychosocial maturity Early Middle

ANTICIPATORY GUIDANCE

Prevention/Safety

Smoking/Drugs

Sports/Bicycle Helmet

Driving/Seatbelts

Contraception

STD/AIDS Education

To Parent

Family Role

Communication

Privacy

Decision Making

Discuss EtOH/Drugs

Future Plans

Health Promotion

Diet/Exercise

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

Tb Risk Factors: Yes No

PPD Placed Results _____

ASSESSMENT/RECOMMENDATIONS:

Healthy adolescent _____

Return for 16 - 17 year checkup

_____, M.D.

SICK VISIT – Mod 25
CC:
HPI:
MDM:
>50% of _____ min visit spent counseling