

SOUTHLAKE PEDIATRICS
HEALTH SUPERVISION VISIT 18 - 20 YEARS

Name: _____ DOB: _____

Date of Visit _____ Age _____

Learning/ Language Barrier: N Y _____

Confidential Visit? Yes No

PARENT/PATIENT CONCERNS/ONGOING & INTERIM PROBLEMS

(INTERVIEW ALONE) _____

PAST MEDICAL HISTORY

Allergies _____ Immunization Reactions _____

Other _____

PRESENT HISTORY

Meds: _____

Menstrual Hx _____ LMP _____

Diet _____

Exercise _____

Sleep _____

Dental _____

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

School _____ Grade _____

Performance _____

Extracurricular _____

Work _____

SOCIAL

Friends _____

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

ANTICIPATORY GUIDANCE

Prevention/Safety

- Smoking/Drugs
- Driving/Seatbelts
- Contraception
- STD/AIDS Education

To Parent

- Family Role
- Discuss EtOH/Drugs
- Sexuality/Identity
- Future Plans

Health Promotion

- Diet/Exercise
- Self-exam (Breast/Testicles)

LABS: U/A Hgb Cholesterol Other _____

IMMUNIZATIONS: Adult dT Hep B Meningococcal
 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 yearly checkup

_____, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of _____ min visit spent counseling