

# 14 Year Old Adolescent Visit

Age: \_\_\_\_\_ years old

Weight: \_\_\_\_\_ pounds/kg

Height: \_\_\_\_\_ inches/cm

B.P.: \_\_\_\_\_ / \_\_\_\_\_

Vision: \_\_\_ / \_\_\_ -R \_\_\_ / \_\_\_ -L

PE Start Time: \_\_\_\_\_ AM / PM

**CONFIDENTIAL  
DO NOT REPRODUCE**

**CONFIDENTIAL VISIT**

DATE: \_\_\_\_\_

Accompanied By:  DAD  RELATIVE  
 MOM  OTHER:

Nurse/MA: \_\_\_\_\_

Concerns:  NONE

Interim History:  NO PROBLEMS

- SIGNIFICANT ILLNESS:
- HOSP/SURGERY/INJURY:
- MEDICATIONS:
- ALLERGIES:

School/Exercise:

SCHOOL NAME: \_\_\_\_\_

\_\_\_\_\_ GRADE

GPA \_\_\_\_\_

REGULAR EXERCISE

SPORTS EXCLUSION

ORGANIZED SPORTS

WORKING

FUTURE GOALS \_\_\_\_\_

Nutrition:

REASONABLY BALANCED

BODY IMAGE

FLUORIDE 1 MG QD

PARENT/GRANDPARENT WITH MI/CVA<55YR

CALCIUM (1300 MG/DAY)

Social History:

SEE QUESTIONNAIRE

FAMILY RELATIONSHIPS

SINGLE PARENT/DIVORCED

LIVES WITH \_\_\_\_\_

FRIENDS/CLUBS

ACCESS TO FIREARMS

HX OF TRAUMA

Safety:

SAFE DRIVING

PERSONAL SAFETY ISSUES

Psych History:

SEE QUESTIONNAIRE

DEPRESSION

SUICIDAL IDEATION

Other:

SUN EXPOSURE

IMMUNIZATIONS:

UTD

V-Z

TB QUEST:  AT RISK  NO RISK

<b>General:</b>			
<input type="checkbox"/> NL: W/D W/N OVERWT OBESE SMALL SLENDER		<input type="checkbox"/> NE <input type="checkbox"/> AB:	
<b>Skin:</b>		<b>ACNE</b>	
<input type="checkbox"/> NL: ESSENTIALLY CLEAR		<input type="checkbox"/> NE <input type="checkbox"/> AB: <span style="float: right;"><input type="checkbox"/> FACE <input type="checkbox"/> TORSO</span>	
<b>HEENT:</b>			
<input type="checkbox"/> NL: NORMOCEPHALIC, TM'S & HEARING NL, PHARYNX & TEETH OK		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>Neck/Lymph:</b>			
<input type="checkbox"/> NL: NECK SUPPLE, W/O ADENOPATHY, NO ENLARGED LYMPH NODES		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>Chest:</b>			
<input type="checkbox"/> NL: CHEST CLEAR		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>Cardiovasc:</b>			
<input type="checkbox"/> NL: HEART REGULAR RHYTHM, NO MURMUR, FEMORAL FULL		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>Abdomen:</b>		<b>- TANNER STAGE -</b>	
<input type="checkbox"/> NL: NO MASSES, NO ENLARGED ORGANS		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>GU:</b>		<b>PUBIC HAIR</b>	
<input type="checkbox"/> NL: NL MALE/FEMALE, TESTES DESCENDED, NO HERNIA		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	
<b>Back:</b>		<b>BREAST/GENITALIA</b>	
<input type="checkbox"/> NL: SPINE STRAIGHT		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	
<b>Ext:</b>			
<input type="checkbox"/> NL: GOOD GAIT		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>Neuro:</b>			
<input type="checkbox"/> NL		<input type="checkbox"/> NE <input type="checkbox"/> AB	
<b>#1</b> _____ YEAR OLD <input type="checkbox"/> WELL			
<b>#2</b>			
<b>#1 Safety:</b> <input type="checkbox"/> SAFE DRIVING <input type="checkbox"/> FIREARMS <input type="checkbox"/> GANGS			
<b>Nutrition:</b> <input type="checkbox"/> FLUORIDE-1.0mg <input type="checkbox"/> GUIDANCE			
<b>Health:</b> <input type="checkbox"/> EXERCISE <input type="checkbox"/> SUN EXPOSURE			
<b>Immunizations:</b> <input type="checkbox"/> MMR <input type="checkbox"/> HEP B <input type="checkbox"/> V-Z <input type="checkbox"/> Td <input type="checkbox"/> TB <input type="checkbox"/>			
<b>Labs:</b> <input type="checkbox"/> UA <input type="checkbox"/> CBC <input type="checkbox"/> CHOL <input type="checkbox"/> LIPIDS <input type="checkbox"/> HCG <input type="checkbox"/> HIV <input type="checkbox"/> RPR <input type="checkbox"/> V-Z TITRE			
<b>Referral:</b> <input type="checkbox"/> PSYCH <input type="checkbox"/> OTHER (SPECIFY)			
<b>Intervention Summary:</b>	PROVIDER REFERRAL	PROVIDER FOLLOW UP	PRO-TEENS HEALTH EDUCATOR F/U
<b>Safety:</b> SEATBELT/HELMET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SEATBELT <input type="checkbox"/> HELMET
<b>Tobacco:</b>	<input type="checkbox"/> STOP SMOKING PROG <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<b>ETOH:</b>	<input type="checkbox"/> CDRP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<b>Drugs*:</b>	<input type="checkbox"/> CDRP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<b>Sex:</b>	<input type="checkbox"/> RN BC COUNSELING	<input type="checkbox"/> PELVIC EXAM	<input type="checkbox"/> _____
	<input type="checkbox"/> OB/GYN <input type="checkbox"/>	<input type="checkbox"/>	_____
<b>#2</b>			
OTHER NOTES: _____		PE Finish Time: _____ AM / PM	
<input type="checkbox"/> R.T.C. 1 & 6 MONTHS FOR HEP B			
<input type="checkbox"/> R.T.C. 1-2 MONTHS FOR V-Z (13 YEARS & OLDER)			
<input type="checkbox"/> R.T.C. _____			
<input type="checkbox"/> R.T.C. 1 YEAR FOR UCSF/KAISER PRO-TEENS STUDY _____		<b>MD/DO/NP</b>	