WELL CHILD ASSESSMENT – 13 TO 16 YEARS

AGE:	WEIGHT:	HEIGHT:	BP:	
TEMP:	PULSE	RESP.	HGB/HCT:	MA Signature:

Hearing 1000	2000	3000	4000	Vision	Urine			
L dB	dB	dB	dB	L R	Protein	Sugar	Blood	Other
R dB	dB	dB	dB	Both				

INTERVAL HISTORY

Diet:
Illness:
Problems:
Immunization Reaction:
Parental Concerns:

DEVELOPMENT ☐ NORMAL ☐ ABNORMAL

- ☐ School Progress
- ☐ Grade _____
- ☐ Body Image
- ☐ Sports
- ☐ Peer Relationship
- ☐ Hobbies
- ☐ Cares for Self and Others

PHYSICAL EXAMINATION PM 160 ☐Yes ☐No

	N	AB	ABNORMALITIES/COMMENTS
General Appearance			
Nutrition			
Skin			
Head, Neck & Nodes			
Eyes/ Eq Reflex			
ENT/Hearing			
Mouth/Dental			
Heart			
Abdomen			
Ext. Genitalia			
Back			
Extremities/Hips			
Neurological			
Fem. Pulses			

EDUCATION (Circle Items Discussed)

Nutrition: 3 Meals/Nutritious Snacks, Read Labels
Tobacco: Health Effects, Avoid Chewing/Cigarette/Cigar Use
Safety: Seat Belt, Helmet, Guns/Gangs, Drowning.
Parenting: Alcohol/Drugs, Contraception, Risk-taking Behavior, Need for Parental Respect
Dental: Preventive Dental Visits, Brushing, Flossing
Self Care: Testicular/Breast Self Exam, Abstinence/ Contraception
☐ Growing Up Healthy Brochure given

TB RISK ASSESSMENT ☐No Risk ☐Risk

ASSESSMENT:

PPD Results _____ Date _____

PLAN

☐ Refer for Preventive Dental Care ☐ Td ☐ PPD

Next Visit:

TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. ☐Yes ☐No
2. Tobacco Used by Patient. ☐Yes ☐No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. ☐Yes ☐No

Patient Name/ID Number:

Exam Date: _____

_____
Provider Signature