



Intake

Informant/Relationship

Vitals

Weight lbs oz

Height in

Blood Pressure / systolic/diastolic Location Position

Pulse beats per minute

BMI kg/m²



Social/Family History

Select All

See Initial History Questionnaire (Indicate "No Interval Changes" or note changes.)

Changes since last visit (note below)

Teen lives with

Relationship with parents/siblings

add item



Medical History (Medical Summary) No Saved Notes

Edit

Family History (Medical Summary) No Saved Notes

Edit

Social History (Medical Summary) No Saved Notes

Edit

Risk Assessment

Make All:

Yes No N/A

HOME - Eats meals with family

notes

HOME - Has family member/adult to turn to for help

notes

HOME - Is permitted and is able to make independent decisions

notes

EDUCATION - Grade

notes

EDUCATION - Performance NL

notes

EDUCATION - Behavior/Attention NL

notes

EDUCATION - Homework NL



notes

EATING - Eats regular meals including adequate fruits and vegetables

notes

Yes No N/A

EATING - Drinks non-sweetened liquids

notes

EATING - Calcium source

notes

EATING - Has concerns about body or appearance

notes

ACTIVITIES - Has friends

notes

ACTIVITIES - At least 1 hour of physical activity

notes

ACTIVITIES - Screen time (except for homework) less than 2 hours/day

notes

ACTIVITIES - Has interests/participates in community activities/volunteers

notes

SAFETY - Home is free of violence

notes

Yes No N/A

SAFETY - Uses safety belts/safety equipment

notes

SAFETY - Has relationships free of violence



notes

add item

notes

Adol Hearing/Vision Questions

Make All:

Yes No N/A

Do people get annoyed because you misunderstand what they say?
notes

Do you ask others to repeat themselves?
notes

Do people mumble a lot or not speak clearly?
notes

Do you have trouble seeing the blackboard?
notes

Do you have trouble recognizing faces at a distance?
notes

add item
notes

Safety

Make All:

Yes No May



- Helmet**
- Sunblock**
- add item**

Smoking Status (ARRA)

History

Select All

- Previsit Questionnaire reviewed
- Teen has a dental home
- Teen has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Menarche: Age



notes

Menstrual Regularity

notes

Menstrual Problems

notes

Medication Record (reviewed and updated)

notes

OTC meds/herbal meds/CAM used (notes below)

notes

add item

notes

Transition of Care (ARRA)

Patient transitioned to my care from another clinical setting

Medication Reconciliation performed

Risk Assessment (Adol Confidential)

Make All: **Yes** **No** **N/A**

Yes No N/A

DRUGS (Substance use/abuse) - uses tobacco/alcohol/drugs

notes

SEX - has had oral sex

notes

SEX - has had sexual intercourse (vaginal, anal)



notes

SUICIDALITY/MENTAL HEALTH - Has ways to cope with stress

notes

SUICIDALITY/MENTAL HEALTH - Displays self-confidence

notes

SUICIDALITY/MENTAL HEALTH - Has problems with sleep

notes

SUICIDALITY/MENTAL HEALTH - Gets depressed, anxious or irritable/has mood swings

notes

SUICIDALITY/MENTAL HEALTH - Has thoughts about hurting self or considered suicide

notes

Yes No N/A

History of head injury/concussion

notes

History of recurrent joint pain or fractures

notes

History of palpitations, chest pain, faintness, passing out

notes

add item

notes

► Confidential Notes (Medical Summary) No Saved Notes

Edit

Physical Exam



Make All:

A N N/E

General Appearance

Head

Eyes (red reflex, strabismus)

Ears

Nose

Oropharynx

Teeth

Neck

A N N/E

Chest

Breasts (Female - Tanner Stage)

Lungs



notes

Cardiovascular

notes

Abdomen

notes

Genitalia (Male/Testes Down, Tanner Stage)

notes

Genitalia (Female - Tanner Stage)

notes

Musculoskeletal

notes

A N N/E

Back (Scoliosis)

notes

Skin

notes

Neurologic

notes

add item

notes

Assessment

Diagnoses



Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List Onset: Problem Note:

Inj infer mesenteric art (902.27)

notes

Add to Problem List Onset: Problem Note:

Inj superior mesent vein (902.31)

notes

Add to Problem List Onset: Problem Note:

add diagnosis

notes

Lab

Medical Test

Medical Procedure

Screening

Vision Screen

PSC Developmental Screen

Immunizations

Immunization History

Ordered

Immunization Orders

Anticipatory Guidance Discussed



Make All:

Y N N/A

Age-appropriate handout given (including Bright futures for parents and teen; Healthy choices; How to stay cool; Encouraging physical activity)

Physical Growth and Development (Brush/Floss teeth, Regular dentist visits, Body image, Balanced diet, Limit TV, Physical activity)

Social and Academic Competence (Help with homework when needed, Encourage reading/school, Community involvement, Family time, Age-appropriate limits, Friends)

Emotional Well-Being (Decision-making, Dealing with stress, Mental health concerns, Sexuality/Puberty)

Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Know friends and activities, Sex)

Violence and Injury Prevention (Seat belts/No ATV, Guns, Safe dating, Conflict resolution, Bullying, Sports helmets, Protective gear)

HEADS reviewed

Chores

Y N N/A

HPV vaccine reviewed



- TSE (males)/BSE (females) reviewed
- add item

Plan

Select All

- Immunizations (See Vaccine Administration Record)
- MD Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and benefits; how to deal with potential side effects. VIS given.
- Laboratory/Screening Results
- Medication
- Medication as e-prescribed
- Vaccine cost discussed, VFC program enrollment offered
- Cultural barriers for diet and exercise discussed
- add item



Followup

- Next well visit
- Immunization Only (indicate time frame and vaccines to be given)
- Return to office (list reason and time frame)
- by Phone (list reason and time frame)

Referral

Navigational Anchors in 11-14 Yr Well - TLC

1. Intake
2. Vitals
3. Social/Family History
4. Risk Assessment
5. Adol Hearing/Vision Questions
6. Safety
7. History
8. Risk Assessment (Adol Confidential)
9. Physical Exam
10. Assessment
11. Diagnoses
12. Lab
13. Medical Test
14. Medical Procedures
15. Screening
16. Immunizations
17. Anticipatory Guidance Discussed
18. Plan
19. Follow Up
20. Referrals