



Intake

Informant/Relationship

_____ ▾

Vitals

Weight lbs oz

Height in

Blood Pressure / systolic/diastolic Location ▾ Position ▾

BMI kg/m²



Social/Family History

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

▾

- Changes since last visit (note below)

▾

- Teen lives with

▾

- Relationship with parents/siblings

▾

- ▾

▾

Medical History (Medical Summary) No Saved Notes



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
- HOME - Has family member/adult to turn to for help
- HOME - Is permitted and is able to make independent decisions
- EDUCATION - Grade
- EDUCATION - Performance NL
- EDUCATION - Behavior/Attention NL
- EDUCATION - Homework NL
- 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 - Impaired/distracted driving

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

Smoking Status (ARRA)

select smoking status

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
- Menstrual Regularity
- Menstrual Problems
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
- 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

- EDUCATION - post high school planning?
notes
- 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

Yes No N/A

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

notes

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**

A N N/E

General Appearance

notes

Head

notes

Eyes (red reflex, strabismus)

notes



- Ears
- Nose
- Oropharynx
- Neck
- Chest
- A N N/E
- Breasts (Female - Tanner Stage)
- Lungs
- Cardiovascular
- Abdomen
- Genitalia (Male/Testes Down, Tanner Stage)
- Genitalia (Female - Tanner Stage)
- Musculoskeletal



notes

Back (Scoliosis)

notes

A N N/E

Skin

notes

Neurologic

notes

add item

notes

Assessment

Diagnoses

Brain lacer NEC w/o coma (851.81)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Inj infer mesenteric art (902.27)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Inj superior mesent vein (902.31)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes



Lab

Hemoglobin (In Office)

Lipid Panel (In Office)

GC/Chlamydia

HIV

Medical Test

Medical Procedure

Screening

Vision Screen

PSC Developmental Screen

Immunizations

Immunization History

<input type="button" value="Order"/>	There are no immunizations recorded for this patient
<input type="button" value="Ordered"/>	

Immunization Orders

Anticipatory Guidance Discussed

Make All:

Y N N/A

Age-appropriate handouts given (including bright futures for parent and teen; transitions; healthy choices with eating and activity)



- Physical Growth and Development (Balanced diet, Physical activity, Limit TV, Protect hearing, Brush/Floss teeth, Regular dentist visits)
- Social and Academic Competence (Age-appropriate limits, Friends/relationships, Family time, Community involvement, Encourage reading/school, Rules/Expectations, Planning for after high school)
- Emotional Well-Being (Dealing with stress, Decision-making, Mood changes, Sexuality/Puberty)
- Risk Reduction (Tobacco/alcohol/drugs, Prescription drugs, Sex)
- Violence and Injury Prevention (Seat belts, Guns, Conflict resolution, Driving restriction, Sports/Recreation safety)
- AAA Teen Driver Safety/Contract Handout Given
- 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 15-17 Yr Well - TLC

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