

Adolescent Well Child Worksheet (13-20 Years)

Vital Signs: Weight: _____ Percentile Length: _____ Percentile Temperature: _____ Pulse: _____ Respiratory rate: _____ Blood pressure: _____ Tanner Stage _____	Physical Exam: General appearance Skin Head Eyes Ears Nose Oropharynx Teeth Neck/nodes Breast exam Chest & lungs Cardiovascular/pulses Abdomen Genitalia Musculoskeletal Neuro/reflexes Further description of PE:
Concerns & Interim history since last well visit: <hr/> <hr/> Medications: _____ Allergies: _____	Screening: Vision R-20/ L-20/ Hearing Tuberculosis questionnaire RPR / Hgb type
Nutritional Assessment: Appetite All food groups Vitamins/Iron/Folic Acid Anorexia/Bulimia/Obesity	Sexuality: (Reproductive History) Age at 1 st period-LMP Cramping Length of cycle Birth control Dating? Sexually active Age at first intercourse History of STD History of pregnancy
Developmental /Mental Health Assessment: Home systems Relationship with parents/guardians Sibling relationships Family Schedule Recent family changes/moves Responsibilities Education School performance Attendance problems Special classes/problems in school Education and Career goals Extracurricular activities Employment Activities Sports & exercise Close friendships Groups, clubs, gangs T.V./Entertainment Religion Drugs Alcohol Tobacco Street drugs/steroids Family addictions Self Concepts Sleep habits Happy or content Body Image Suicidal Ideation/Plan Exposure to Violence Firearm Safety	Assessment: (List problems & status) 1. 2. 3. Plan: (Immunizations, PPD, Medications, Referrals, Follow up) 1. 2. 3.

