

Adolescent Well Child Worksheet (13-20 Years)

Vital Signs:

Weight: _____ Percentile
 Length: _____ Percentile
 Temperature: _____
 Pulse: _____
 Respiratory rate: _____
 Blood pressure: _____
 Tanner Stage _____

Concerns & Interim history since last well visit:

Medications: _____

Allergies: _____

Nutritional Assessment:

Appetite
 All food groups
 Vitamins/Iron/Folic Acid
 Anorexia/Bulimia/Obesity

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
 Safety
 Seat belt/auto safety
 Water/Fire safety
 Breast/Testicular Exam
 Risky Behaviors
 Rape/Abuse Prevention
 STD/HIV Prevention
 Abstinence/Contraception

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:

Screening:

Vision R-20/ L-20/
 Hearing
 Tuberculosis questionnaire
 RPR / Hgb type

Sexuality: (Reproductive History)

Age at 1st period-LMP
 Cramping
 Length of cycle
 Birth control
 Dating?
 Sexually active
 Age at first intercourse
 History of STD
 History of pregnancy

Assessment: (List problems & status)

1.
 2.
 3.

Plan: (Immunizations, PPD, Medications, Referrals, Follow up)

1.
 2.
 3.

