

Adolescent Well Child Worksheet (13 – 20 Years)

DATE:	AGE:	Reason for visit (well check):
Interim History since last well child visit:		
Concerns to discuss today: <i>OLD CARTS, present history in logical, chronological order</i>		
Review Past Medical History/Family Medical History (PMH/FMH): <i>Include appropriate information, including dates of hospitalizations/surgeries if possible, ages/illnesses of relatives</i>		
Medications: <i>Include names, dosages, and frequencies of prescription, over-the-counter, and alternative therapies</i>		
Allergies: <i>Include drug, food, and environmental allergies and patient's reaction</i>		
Social History: <i>Include who lives at home, education, drugs (and alcohol), sexual history and suicide risk (HEADSS), who cares for the child/daycare, smoke exposure, pets</i>		
Nutritional Assessment: <i>Liquid intake: (water/milk/other – such as juice/sugary drinks) Food groups consumed: Discuss portion sizes:</i>		<i>Snack choices: Urination: Stooling: Parent concerns regarding nutrition</i>
Mental Health Assessment: <i>Include: Sleep, Family stresses, Parenting needs, Child abuse risk, Behavior challenges, PHQ9 questionnaire</i>		
Developmental Assessment: <i>Home relationships, School performance/extra-curricular activities, communication effectiveness (verbal/written), interpersonal relationships, Safety</i>		
Review of Systems: Physical Exam: Vital signs <i>Include Weight _____(%)_____, Length _____(%)_____, BMI _____(%)_____, Temperature_____, Pulse_____, Respiratory Rate_____, Blood Pressure_____</i> General appearance Head Eyes Ears Nose		Mouth and Teeth Oropharynx Neck/Nodes Respiratory Cardiovascular/pulses Abdominal Genitalia Musculoskeletal Neurologic/Reflexes Skin Breast Exam Chest and Lungs Further description of PE:
Screening: <i>Vision, Hearing, Hemoglobin, Tuberculosis questionnaire, Dental screening, Depression, Heart disease</i>		
Sexuality: (Reproductive History) <i>Age at first menses, Cramping, Length of cycle, Birth Control, Dating, Sexually active, Age at first intercourse, History of STD, History of pregnancy</i>		
Assessment: <i>List of Problems and status</i>		
Health Education/Anticipatory Guidance: <i>Nutrition: Growth charts, Healthy diet Safety: Fire/smoke detectors, driving safety, ingestions, Choking, Stranger safety, Internet safety, Firearm safety Health Promotion: immunizations, Tobacco exposure, Medical resources, Limit screen time, monitor screen content Family: siblings, address concerns</i>		
Plan: <i>Immunizations, PPD, Medications, Referrals, Follow up</i>		
Labs (hemoglobin/lipids/other) indicated today: <i>Based on screening and Texas Health Steps recommendations</i>		
Next Well Check:		