



WELL CHILD VISIT

11-14 Year

Name _____ Age in Years _____ Date of Visit _____

Concerns/Discussion

(from parent and adolescent)

- Family concerns
- Illnesses/Accidents
- Behavior/Discipline
- School issues
- Other concerns
- Observe parent/Adolescent interaction

Nutrition Guidance

- Encourage family meals
- 3 healthy meals/day
- Limit high fat & low nutrient foods and drinks
- Discuss weight issues & "diets"

Developmental/School Performance

- Grades at school/Question excessive absences
- How do you feel about yourself?
- Peer concerns
- Who can you talk to?
- Favorite teacher/Class
- Involvement in activities

Physical Exam

- General
- Wt _____ % _____
Ht _____ % _____
Monitor growth chart
- Blood pressure _____
- Temp _____
- Skin (acne)
- Nodes

- Head
- Eyes
- Ears
- Nose
- Oropharynx (teeth malocclusion)
- Neck
- Chest/Breast
- Lungs
- Cardiovascular
- Abdomen
- Genitalia (Tanner stage)
- Back & Extremities (scoliosis exam)
- Neuro
- Evidence of Neglect/Abuse
- Evidence of eating disorder

Screening/Immunizations

Immunizations

- Per ACIP schedule (Record below)
- Review record

Screening

- Hearing—Hx (screen if abnormal)
- Objective screen at 12 years
- Vision—Hx (screen if abnormal)
- Objective screen at 12 years

- Anemia
- Screen menstruating females annually
- Screen all high risk
- Hyperlipidemia—Screen high risk
- Blood pressure-Annually
- Urinalysis—Minimum one time during adolescence
- Tuberculosis—PPD if high risk

- Dental
- Recommend dental visit
- Discuss care and fluoride
- Sealants for molars

Sexuality Education (use handouts if possible)

- Dating discussion
- How to get accurate information
- Is adolescent sexually active?
- Discuss abstinence as safest way to prevent pregnancy & STD's
- Discuss contraceptive methods & STD prevention, if sexually active
- Discuss ways to resist pressure

Anticipatory Guidance

- Importance of adequate sleep
- Safety issues
(Guns/Weapons, Bicycle, Car, Avoiding physical & sexual abuse or rape)
- Discuss drugs, alcohol, cigarettes and inhalants
- TV and Computer/Internet
- Encourage physical activity
- Mental Health issues—refer if concerns
- Improve self confidence
- Signs of depression
- Who to talk to for help

Immunizations given:

Record all abnormal findings on separate sheet.

Assessment and Plan: _____

PHN Referral (if indicated) _____ WIC Referral (if indicated) _____

Physician Signature: _____