



WELL CHILD VISIT

18-20 Year

Name _____ Age in Years _____ Date of Visit _____

Concerns/Discussion

(primarily from patient)

- Living arrangements
- Post high school education
- Work issues
- Relationship with parents
- Access to healthcare
 - Question insurance
- Other concerns

- 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

- Urinalysis—Minimum one time during adolescence
- Tuberculosis—PPD if high risk
- Pap smear—Annually for sexually active females
- STD's—Screen sexually active adolescents annually
- Dental
 - Recommend dental visit
 - Discuss care and fluoride
 - Sealants for molars

Nutrition Guidance

- Choose and prepare healthy foods
- 3 healthy meals
- Limit high fat & low nutrient foods and drinks
- Meals with family, friends, or roommates
- Discuss healthy weight & "diets"

School/Vocational Issues

- Identify talents and interests
- Plan for future
 - College
 - Vocational training
 - Military
 - Job/Career

Physical Exam

- General
- Wt _____ % _____
- Ht _____ % _____
- Monitor growth chart
- Blood pressure _____
- Temp _____

Screening/Immunizations

Immunizations

- Per ACIP schedule (Record below)
- Review record

Screening

- Hearing—Hx (screen if abnormal)
 - Objective screen at 18 years
- Vision—Hx (screen if abnormal)
 - Objective screen at 18 years
- Anemia—Screen high risk
- Hyperlipidemia—Screen high risk
- Blood pressure—Annually

Sexuality Education (use handouts if possible)

- Abstinence as safest way to prevent pregnancy & STD's
- Contraception and STD prevention
- Having sex should be a well thought out decision
- Ways to resist pressure

Anticipatory Guidance

- Living away from parents
- Discuss drugs, alcohol, cigarettes
- High risk behaviors
- Mental Health issues—refer if concerns
 - Accepting who you are
 - Signs of depression
 - Dealing with stress
 - When to ask for help and who

Immunizations given:

Record all abnormal findings on separate sheet.

Assessment and Plan: _____

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

Physician Signature: _____