Well Adolescent 11 Through 14 Year Visits												
Accompanied By:		Preferred Language: Da				Date/Time:		Name:				
Weight (%):	Height (%):		BMI (%):		BP (%):			ID Number:	Number:			
Vitals (if indicated):	Temp:	HR:		Resp Rate	e:	SpO ₂ :		Birth Date:	Age:	Sex:	М	F
HISTORY												
Concerns and Questions: ☐ None							Dental Home: ☐ No ☐ Yes: ☐ Regular visits					
						Brushing twice daily: ☐ Yes ☐ No:						
							Sleep	: ☐ No concerns				
Interval History: None							Physical Activity:					
							Exer	cise (60 min/d): Yes I	No:			
							Scre	en time: h/d:				
Medical History: \square Adolescent has special health care needs.							Family media use plan discussed: ☐ Yes ☐ No					
Areas reviewed and updated as needed							School: Grade: IEP/504/behavior plan: ☐ Yes ☐ No ☐ NA					
\square Past Medical History (See Initial History Questionnaire.)							Performance: NL					
☐ Surgical History (See Initial History Questionnaire.)							Parent/teacher concerns: ☐ None					
☐ Problem List (See Problem List.)												
Medications: ☐ None							Activities:					
							ACTIVI	ues.				
☐ Reviewed and u	pdated (See Me	edication	Record.)									
Allergies: ☐ No known drug allergies							Tobacco, alcohol, and drug use: None					
Nutrition: ☐ Daily fruits and vegetables							Sexual Orientation/Gender Identity:					
Iron source:												
Calcium source:												
Comments:							Sexual Activity: Denies					
							Mood	: ☐ No concerns				
Body image: No concerns												
Attempting to gain or lose weight: No Yes:												
Females: Menarche age: Regular: □ Yes □ No: Menstrual problems: □ No □ Yes:												



The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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DEVELOPMENT ☐ Forms caring, supportive relationships ☐ Engages in behaviors that optimize wellness and ☐ Exhibits compassion and empathy with family members, other adults, contribute to a healthy lifestyle ☐ Exhibits resilience when confronted and peers • Engages in healthy nutrition and physical with life stressors ☐ Engages in a positive way with the life activity behaviors ☐ Uses independent decision-making skills of the community · Chooses safety ☐ Displays a sense of self-confidence, ☐ Demonstrates physical, cognitive, emotional, social, hopefulness, and well-being and moral competencies **SOCIAL AND FAMILY HISTORY** Areas reviewed and updated as needed (See Initial History Questionnaire.): Social History Family History Changes since last visit: ☐ No interval change Smoking household: ☐ No ☐ Yes: _______ Firearms in home: ☐ No ☐ Yes: ____ Adolescent lives with: Relationships with parents/siblings: **REVIEW OF SYSTEMS** A 10-point review of systems was performed and results were negative except for any positive results listed below. **Bold** = Focus area for this Bright Futures Visit Constitutional: __ Respiratory: Neurological: ____ Gastrointestinal: Head, Ears, Nose, and Throat: ____ Genitourinary: __ Other: _ Musculoskeletal: Cardiovascular: PHYSICAL EXAMINATION ✓ = System examined **Bold** = Focus area for this Bright Futures Visit Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided. ☐ General: Well-appearing adolescent. Normal BMI and BP for age. ☐ Eyes: Pupils equal, round, and reactive to light. Extraocular eye movements intact. Normal funduscopic examination findings. _ ☐ Ears, nose, mouth and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without visible caries. ☐ Neck: Supple, with full range of motion and no significant adenopathy. _____ ☐ Heart: Regular rate and rhythm. No murmur. Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. ☐ Abdomen: Soft, with no palpable masses. _ ☐ Genitourinary: □ Normal female external genitalia. _ ☐ Normal male external genitalia. No hydrocele, hernia, varicocele, or masses. No gynecomastia. **Sexual Maturity Rating** ☐ Female: Breast development SMR _____, pubic hair SMR ___ ☐ Male: Testicular development SMR ______, pubic hair SMR _____ ☐ Musculoskeletal: Spine straight without deformities. No significant scoliosis. Full range of motion. ☐ Neurological: Normal gait. Normal strength and tone. _ ☐ Skin: Warm and well perfused. No acanthosis nigricans. No signs of cutting or other self-injury. No lesions or birthmarks.

Name:

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Well Adolescent | 11 Through 14 Year Visits

Well Adolescent | 11 Through 14 Year Visits Name: _ **ASSESSMENT** ☐ Well adolescent ☐ Normal BMI percentile for age ☐ Normal BP for age **ANTICIPATORY GUIDANCE** ✓ Discussed and/or handout given ■ DEVELOPMENT AND MENTAL HEALTH ☐ RISK REDUCTION • Pregnancy and sexually transmitted infections • Family rules and routines, concern for others, ☐ SOCIAL DETERMINANTS OF HEALTH and respect for others • Tobacco, e-cigarettes, alcohol, and prescription • Interpersonal violence Patience and control over anger or street drugs Living situation and food security Acoustic trauma ☐ PHYSICAL GROWTH AND DEVELOPMENT • Family substance use Oral health □ SAFETY · Connectedness with family, peers, and community • Body image Seat belt and helmet use School performance · Healthy eating Sun protection Coping with stress and · Physical activity and sleep • Substance use and riding in a vehicle decision-making Firearm safety ■ EMOTIONAL WELL-BEING · Mood regulation and mental health Sexuality **PLAN** Immunizations: Vaccine Administration Record reviewed Administered today: ☐ Up-to-date for age **Universal Screening:** ☐ Depression screening (annual ages 12–14): Screening tool used: Result: ☐ Neg ☐ Pos: __ ☐ Tobacco, alcohol, and drug use (annual ages 12–14): Screening tool used: ___ Result: ☐ Neg ☐ Pos: □ Dyslipidemia (once between 9 and 11): □ Completed age: ____ Result: □ Within reference range □ Abnormal: ___ __ Follow-up: ___ _____ Follow-up: ____ ☐ Hearing (once between 11 and 14): ☐ Completed age: ____ Result: ☐ Normal hearing BL ☐ Abnormal: __ ☐ Vision (once age 12): Result: ☐ Normal vision for age ☐ Abnormal: Follow-up: Selective Screening (based on risk assessment) (See Previsit Questionnaire.): ☐ Anemia ☐ Dyslipidemia ☐ Hearing ☐ HIV ☐ Sexually transmitted infections ☐ Tuberculosis ☐ Vision Comments/results: Follow-up: ☐ Routine follow-up in 1 year ☐ Next visit: ☐ Referral to: PRINT NAME. **SIGNATURE** Consistent with Bright Futures: Provider 1 Guidelines for Health Supervision of

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Provider 2

Infants, Children, and Adolescents,

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