## SOUTHLAKE PEDIATRICS HEALTH SUPERVISION VISIT 10 - 11 YEARS

	PHYSICAL EXAMINATION
Name:DOB:	Length Weight BMI BMI%
Date of VisitAge	BP Temp Pain
Parental Language Barrier: N Y	N AB COMMENTS
Tarental Language Danier.	Gen. Appearance
PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS	Skin
No Concerns	Head
	Eyes/Strabismus
	☐ Ears/Nose/Oropharynx
	☐ Neck/Nodes Chest/Lungs
	Cardiovascular/Pulses
	Abdomen
PAST MEDICAL HISTORY	Spine (Scoliosis)
AllergiesImmunization Reactions	Genitalia
	Musculoskeletal
Other	Neuro/Reflexes
	Overall physical maturity (Tanner)
	Hearing (formal) RL
	Vision (formal) RL
	ANTICIPATORY GUIDANCE
	Diet Health Promotion
PRESENT HISTORY	Healthy Choices Diet
Meds:	Calcium Exercise Health Risk Behavior
Puberty Issues	Development (Drugs/EtOH/Firearms)
Diet	Confidentiality
Exercise	Variation in G & D Family Communication
Sleep	☐ Normalcy concerns ☐ Parent & child ☐ Dealing with peer pressure ☐ Privacy
Dental	Preparation for Menarche/Pubarche Decision Making
Brushing/Flossing	Independence
	Injury Prevention
Last Dental Visit	Smoking
School Grade	Sports/Bicycle Helmet/Auto Passenger Safety
Performance	LABS: U/A Hgb Cholesterol Other
Extracurricular	IMMUNIZATIONS: Hep A TdaP(Adacel) Meningococcal
20011	HPV Other
SOCIAL	Vaccine Information Sheet given & discussed
Friends	Vaccine concerns? No Yes: Resolved Deferred Refuse
Behavior	Comments
TV Phone	If vaccines not given, form signed?  No Yes
	ASSESSMENT/RECOMMENDATIONS:
FAMILY	Healthy child
	Return for 12 - 13 year checkup
	SICK VISIT – Mod 25
Other	CC:
	HPI:
Information completed by:	MDM:
Relationship to child:	
netationship to child.	>50% ofmin visit spent counseling