SOUTHLAKE PEDIATRICS HEALTH SUPERVISION VISIT 14 - 15 YEARS

	FITISICAL EXAMINATION
Name:DOB:	Length Weight BMI BMI%
Date of VisitAge	BPTemp
Parental Language Barrier: N Y	Vision: O.S O.D O.U
Confidential Visit? Yes No	Hearing: Normal Abnormal N AB COMMENTS
PARENTAL CONCERNS/ONGOING & INTERIM PROBLEMS No Concerns	Gen. Appearance Skin HEENT Chest/Lungs Cardiovascular/Pulses
	Abdomen
	Spine (Scoliosis)
PAST MEDICAL HISTORY Allergies Immunization Reactions Other	Genitalia/Pelvic Musculoskeletal Neuro/Reflexes Overall physical maturity (Tanner) I II III IV V Psychosocial maturity Early Middle
	ANTICIPATORY GUIDANCE
PRESENT HISTORY	Prevention/Safety To Parent ☐ Smoking/Drugs ☐ Family Role
Meds:1st period(menses)	Sports/Bicycle Helmet Communication Driving/Seatbelts Privacy
Gynecologist: Last visit:	Contraception Decision Making
	STD/AIDS Education Discuss EtOH/Drugs
DietExercise	Distracted Driving (inc. texting, Future Plans Snapchat, videos, Skyping, etc)
Sleep	Health Promotion
Dental	Diet/Exercise
Tobacco: No Yes Alcohol: No Yes Drugs: No Yes	LABS: U/A Hgb Cholesterol Other
School Grade	IMMUNIZATIONS: Adacel Hep B Other
Performance	☐ Vaccine Information Sheet given & discussed Vaccine concerns? ☐ No ☐ Yes: Resolved Deferred Refused Refused Output Description Description Refused Refused Description Refused Refus
Extracurricular	Comments
	If vaccines not given, form signed? No Yes
SOCIAL	Tb Risk Factors: Yes Mo
Friends	PPD Placed Results
Behavior	ASSESSMENT/RECOMMENDATIONS:
TV Computer Phone	Healthy adolescent
Sexual Hx	
FAMILY	Return for 16 - 17 year checkup
	, M.D.
Other	SICK VISIT – Mod 25
	SICK VISIT - MIOD 25
	HPI:
Information completed by:	
Relationship to patient:	MDM:
	>50% of min visit spent counseling