

**SOUTHLAKE PEDIATRICS**  
**HEALTH SUPERVISION VISIT 18 - 20 YEARS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Learning/ Language Barrier:  N  Y \_\_\_\_\_

Confidential Visit?  Yes  No

**PARENT/PATIENT CONCERNS/ONGOING & INTERIM PROBLEMS**

(INTERVIEW ALONE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST MEDICAL HISTORY**

Allergies \_\_\_\_\_ Immunization Reactions \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESENT HISTORY**

Meds: \_\_\_\_\_

Period problems? \_\_\_\_\_ Last period \_\_\_\_\_

Gynecologist: \_\_\_\_\_ Last visit: \_\_\_\_\_

Diet \_\_\_\_\_

Exercise \_\_\_\_\_

Sleep \_\_\_\_\_

Dental \_\_\_\_\_

Tobacco:  No  Yes Alcohol:  No  Yes Drugs:  No  Yes

\_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Performance \_\_\_\_\_

Extracurricular \_\_\_\_\_

Work \_\_\_\_\_

**SOCIAL**

Friends \_\_\_\_\_

Sexual Hx \_\_\_\_\_

**FAMILY**

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information completed by: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Length \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BMI% \_\_\_\_\_

BP \_\_\_\_\_ Temp \_\_\_\_\_

Vision: O.S. \_\_\_\_\_ O.D. \_\_\_\_\_ O.U. \_\_\_\_\_

Hearing: Normal  Abnormal

**N AB**

**COMMENTS**

Gen. Appearance \_\_\_\_\_

Skin \_\_\_\_\_

HEENT \_\_\_\_\_

Chest/Lungs \_\_\_\_\_

Cardiovascular/Pulses \_\_\_\_\_

Abdomen \_\_\_\_\_

Spine (Scoliosis) \_\_\_\_\_

Genitalia/Pelvic \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neuro/Reflexes \_\_\_\_\_

Overall physical maturity (Tanner) I II III IV V

**ANTICIPATORY GUIDANCE**

**Prevention/Safety**

- Smoking/Drugs
- Driving/Seatbelts
- Contraception
- STD/AIDS Education
- Distracted Driving (inc. texting, Snapchat, videos, Skyping, etc)

**To Parent**

- Family Role
- Discuss EtOH/Drugs
- Sexuality/Identity
- Future Plans

**Health Promotion**

- Diet/Exercise
- Self-exam (Breast/Testicles)

**LABS:**  U/A  Hgb  Cholesterol  Other \_\_\_\_\_

**IMMUNIZATIONS:**  Adult dT  Hep B  Meningococcal  Other \_\_\_\_\_

Vaccine Information Sheet given & discussed  
Vaccine concerns?  No  Yes: Resolved Deferred Refused  
Comments \_\_\_\_\_

If vaccines not given, form signed?  No  Yes

**Tb Risk Factors:**  Yes  No

PPD Placed Results \_\_\_\_\_

**ASSESSMENT/RECOMMENDATIONS:**

Healthy adolescent \_\_\_\_\_

\_\_\_\_\_

Return for yearly checkup

\_\_\_\_\_, M.D.

SICK VISIT – Mod 25

CC:

HPI:

MDM:

>50% of \_\_\_\_\_ min visit spent counseling