

Adolescent Physical Exam: 11-18 Years of Age

Visits recommended every year and should include the following:

Date: _____ Name: _____ Age: _____ D.O.B.: _____

Ht.: _____ Wt.: _____ BMI: _____ BP: _____ Temp.: _____ Pulse: _____ Resp.: _____

Allergies (with reaction if applicable) o NKA _____ _____ _____	Visual Acuity (with correction, if applicable) OS ____/____ OD ____/____ OU ____/____ Hearing Evaluation Right: _____ Left: _____
Current Medications _____ _____ _____	Substance abuse assessment Alcohol: _____ Tobacco: _____ per day: _____ Drugs: _____
Depression Assessment: _____ Interval Medical History (Concerns, illness, diet, social, accidents): _____ _____ _____	
Counseling (Check if discussed): <input type="checkbox"/> Diet education; review BMI; Ca++ and Vit. D intake <input type="checkbox"/> Exercise promotion <input type="checkbox"/> Media limitation <input type="checkbox"/> Reading promotion <input type="checkbox"/> Safety and injury prevention (seat belts, helmets, etc.)	Depression risk <input type="checkbox"/> Alcohol, tobacco and drug prevention/abstinence <input type="checkbox"/> Violence prevention education <input type="checkbox"/> Dental care assessment <input type="checkbox"/> Solar skin protection <input type="checkbox"/> Safe sex to include HIV, STD risk and pregnancy
<input type="checkbox"/> Tdap (11-12 if no Td booster; 13-18 if no 11-12 yr dose) <input type="checkbox"/> MMR (11-12 if 2nd dose not given previously) <input type="checkbox"/> HBV series (required by age 13) <input type="checkbox"/> HPV (all young women age 11-19) <input type="checkbox"/> Varicella or documentation of disease <input type="checkbox"/> PPD as needed <input type="checkbox"/> Hepatitis A (if not given previously) <input type="checkbox"/> Pneumococcal (high risk groups)/Influenza <input type="checkbox"/> Meningococcal vaccine (age 11-12, high school entry or age 15, or college)	Laboratory Screening <i>At practitioner discretion for patients at risk:</i> <input type="checkbox"/> Cholesterol screening <input type="checkbox"/> Tuberculin test <input type="checkbox"/> Hgb or Hct <input type="checkbox"/> Urinalysis (annual dipstick for leukocytes if sexually active) <input type="checkbox"/> Pap, VDRL, HIV, GC and Chlamydia (if sexually active)
Physical Exam (N=Normal) General: _____ Signs of abuse: _____ Skin: _____ Lymph nodes: _____ HEENT: _____ Heart/Lungs: _____ Abdomen: _____ Genitalia: _____ Tanner Stage: _____ Back/Spine (scoliosis check): _____ Extremities: _____ Neurological: _____	Assessment _____ _____ _____ _____ _____ Plan _____ _____ _____ _____
Follow-up: _____ weeks: _____ month: _____ PRN Practitioner: _____	

Additional screening tools and guidelines may be found in the MVP Health Care Provider Quality Improvement manual available at www.mvphealthcare.com/provider/qim.