

## Well Child Visit: 15-21 Years



Name:			DOB:		Date	Pate:		
Current Medications			Drug / Food Allergies			Accompanied By		
Gurront modications			Brug / Food / Morgic	,,		1000mpamea E	.,	
Age	Ht.	Wt.	BMI and %ile	B/P	HR	Temp.	Interpreter: Y / N	
□ M □ F								
Past Medical History	1		Risk Assessment/ H	IEEADSSS	1		l	
Recent illness / injury:   Yes  No			HOME					
Child has a dental home:   Yes   No			Lives with: Family meals: □ Yes		Parent/tee	en interaction: □	NL	
Last dentist visit was:			Family meals:   EDUCATION	s □ No Has i	amily / adult	can turn to for h	ielp: □ Yes □ No	
Menarche: Age Regular: □ Yes □ No			Grade Level:	Performand	e: 🗆 NL	Future	plans: □ Yes □ No	
Netralche. Age Regular.    Tes    No			<u>E</u> ATING			N 0	J. C. L. V. L. N.	
Parent / Teen Concerns:			Balanced diet: □ Ye Snack habits: □ NL	s □ No Caid Body	olum: □ Yes / image: □ N	□ No Sugary	arinks: - Yes - No	
			<u>A</u> CTIVITIES					
			Friends:   Yes   N  Exercises >60 mins					
			<u>D</u> RUGS (substance)		ממטרו טאו	ies / sports		
			Uses Tobacco / ET		lo	CRAFFT Scre	ening: 🗆 N/A 🗆 NL	
	······································		SAFETY	vaa – Na – Ca	at haltı — Va	- No Cofo d	rivinas — Vaa — Na	
	· · · · · · · · · · · · · · · · · · ·		Dating violence:  Social media:  Ves				nving: □ Yes □ No iing bed: □ Yes □ No	
Identified Risks:			SEX	b live bulled	/ bullyling.	1C3 - NO Talli	iing bed. 🗆 103 🗀 110	
□ None			Has had oral sex: □ Yes □ No Sexual intercourse: □ Yes □ No # partners:					
			Uses protection: □ \				•	
			<u>S</u> UICIDE / MENTALI					
			Has self-confidence: □ Yes □ No Problems with sleep: □ Yes □ No					
			Gets depressed / anxious: □ Yes □No Thoughts of hurting self: □ Yes □ No PHQ-2: □ NL PHQ-9: □ N/A Score:					
			Behavioral health re	eferral: □ N/A □	_ F⊓Q-9. ⊔ I ₃ Yes	VA Score		
Physical Exam (checke	ed □ = normal)		Donavioral floatin fe	71011ai. 🗆 14/7 ( E	100	 Abnormal Findi	nas	
□ General (Alert, NAD, +	eye contact)		□ <b>Heart</b> (No murmurs)				9-	
<ul><li>□ Head (No deformities, symmetric)</li><li>□ Eyes (PERRL, EOMI, + RR, lids NL,</li></ul>			□ Lungs (Clear breath		2000)			
conjunctivae/sclera clear)			<ul><li>□ Abdomen (Soft, non-</li><li>□ Skin (No rashes, no I</li></ul>					
□ <b>Ears</b> (Canals clear, TMs normal, orients			□ <b>Neuro</b> (Tone, symme	try, strength, &	gait NL)			
to sounds, voice)  Nose (Mucosa NL, septum NL, patent)			<ul><li>□ Extremities (Full RO</li><li>□ Back (No excessive of the content of th</li></ul>		ie NL)			
□ Mouth/Throat (MMM, lips & tongue NL		□ Genitalia Tanner St						
no oral lesions, no erythema, thyroid NL)		Male (Penis NL: circ/u						
□ <b>Teeth</b> (Gums NL, dentition NL, no staining, caries or white spots)		Female (Labia/clitoris						
Assessment			Anticipatory Guidar					
□ Well child □ Normal growth and development		□ Healthy Habits (B	rush teeth 2x/c			ercise daily, balanced		
		diet, healthy snac	ks, limit screer	n time, adequ	uate sleep, self-	esticular/breast		
□ Transition readiness assessment □ Immunizations UTD		exams)  □ Safety (Texting &	driving, abstine	ence/protecte	ed sex. peer pres	ssure, bullving,		
□ IMMs due			tanning salons, s	steroid use, no	guns)			
			□ <b>Learning</b> (Future parameter) transition to an acceptance of the control of th			ng out, college c	areer, plan to	
		□ <b>Behavior</b> (Respect limits and consequences, trust feelings, coping with stress,						
			seek help if feeling					
Plan								
<ul><li>□ Dental referral</li><li>□ Immunizations (See in</li></ul>	nmunization record)							
□ Vision acuity: R/_	L/ Both							
□ Update transition of ca	ire plan							
<u> </u>								
Next Appointmen	t:	Sig	nature:		Da	ate:		