



Name:			DOB:		Dat	e:		
Current Medications			Drug / Food Allergies		1.	Accompanied By		
Guirent medications			Brug / Food Anergio	,3	'	Accompanica E	, y	
Age	Ht.	Wt.	BMI and %ile	B/P	HR	Temp.	Interpreter: Y / N	
□ M □ F								
Past Medical History			Risk Assessment/ H	IEEADSSS				
Recent illness / injury: Yes No			HOME					
			Lives with: Parent/teen interaction: □ NL Family meals: □ Yes □ No Has family / adult can turn to for help: □ Yes □ No					
Child has a dental home: Yes No			Family meals: □ Yes □ No Has family / adult can turn to for help: □ Yes □ No					
Last dentist visit was:			EDUCATION Grade Level:	Performano	e. ⊔ MI	Future	nlans: □ Yes □ No	
Menarche: Age Regular: □ Yes □ No			Grade Level: Performance: □ NL Future plans: □ Yes □ No E ATING					
			Balanced diet: Yes No Sugary drinks: Yes Yes No Sugary drinks: Yes Yes					
Parent / Teen Concerns:			Snack nabits: NL ACTIVITIES	Body	/ image: □ N	IL	_	
			Friends: Yes	o Involved	in communit	ty: □ Yes □ No _		
			Exercises >60 mins	/day: □ Yes □	No Hobb	ies / sports:		
			<u>D</u> RUGS (substance u Uses Tobacco / ET	use / abuse) ⊃H· □ Yes □ N	lo	CRAFFT Scre	enina: □ N/A □ NI	
			S AFETY	JII 100 - 1		0144110010	oning. B 14// C B 142	
			Dating violence: Y					
Identified Risks:			Social media: Yes No Bullied / bullying: Yes No Tanning bed: Yes No					
□ None			<u>S</u> EX					
			Has had oral sex: □ Yes □ No Sexual intercourse: □ Yes □ No # partners: Uses protection: □ Yes □ No Hx of STI: □ Yes □ No					
			SUICIDE / MENTALE		OT S 11: 🗆 Y	es 🗆 No		
			Has self-confidence		Problems	s with sleen: □ Ye	es ⊓ 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 🗈	□ Yes			
Physical Exam (checke					,	Abnormal Findi	ngs	
□ General (Alert, NAD, +			□ Heart (No murmurs)□ Lungs (Clear breath states)	acunda)				
□ Head (No deformities, symmetric) □ Eyes (PERRL, EOMI, + RR, lids NL,			□ Abdomen (Soft, non-		sses)			
conjunctivae/sclera clear)			□ Skin (No rashes, no l	esions, no acn	e)			
 Ears (Canals clear, TMs normal, orients to sounds, voice) 		□ Neuro (Tone, symme□ Extremities (Full RO)						
□ Nose (Mucosa NL, septum NL, patent)		□ Back (No excessive of		ie NL)				
□ Mouth/Throat (MMM, lips & tongue NĹ		□ Genitalia Tanner St	age:					
no oral lesions, no erythema, thyroid NL) □ Teeth (Gums NL, dentition NL, no staining,		Male (Penis NL: circ/uncir, no adhesions) Female (Labia/clitoris NL, no discharge)						
caries or white spots)		□ Pelvic exam: □ NL						
Assessment			Anticipatory Guidar					
□ Well child □ Normal growth and development		□ Healthy Habits (B	rush teeth 2x/c					
		diet, healthy snac	ks, limit screer	n time, adeq	uate sleep, self-t	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)			
			□ Learning (Future plans, frustrations & dropping out, college career, plan to transition to an adult health care provider)					
		□ Behavior (Respect limits and consequences, trust feelings, coping with stress,						
			seek help if feeling depressed/anxious, build positive relationships)					
Plan			1					
□ Dental referral	omunization D							
□ Immunizations (See im□ Vision acuity: R/_								
□ Update transition of ca	re plan							
Next Appointment: Sig		nature:		D	ate:			