Well Child Visit: 11-14 Years

Name: _____ **DOB:** _____ **Date:** _____

Current Medications			**Drug / Food Allergies**		**Accompanied By**		
Age □ **M** □ **F**	**Ht.**	**Wt.**	**BMI and %ile**	**B/P**	**HR**	**Temp**	**Interpreter: Y / N**

Past Medical History

Recent illness / injury: □ Yes □ No _____

Child has a dental home: □ Yes □ No _____

Last dentist visit : _____

Menarche: Age_____ Regular: □ Yes □ No _____

Parent / Teen Concerns:

_____

_____

_____

_____

_____

_____

Identified Risks:

□ None _____

_____

_____

_____

_____

_____

Risk Assessment/ HEEADSSS

HOME
Lives with:_____ Parent/teen interaction: □ NL _____
Family meals: □ Yes □ No Has family / adult can turn to for help: □ Yes □ No

EDUCATION
Grade Level:_____ Performance: □ NL _____ Future plans: □ Yes □ No

EATING
Balanced diet: □ Yes □ No Calcium: □ Yes □ No Sugary drinks: □ Yes □ No
Snack habits: □ NL _____ Body image: □ NL _____

ACTIVITIES
Friends: □ Yes □ No Involved in community: □ Yes □ No _____
Exercises >60 mins/day: □ Yes □ No Hobbies / sports: _____

DRUGS (substance use / abuse)
Uses Tobacco / ETOH / Drugs: □ Yes □ No CRAFFT Screening: □ N/A □ NL

SAFETY
Dating violence: □ Yes □ No Seat belt: □ Yes □ No Tanning bed: □ Yes □ No
Social media: □ Yes □ No Bullied / bullying: □ Yes □ No

SEX
Has had oral sex: □ Yes □ No Sexual intercourse: □ Yes □ No # partners: ____
Uses protection: □ Yes □ No Hx of STI: □ Yes □ No _____

SUICIDE / MENTALHEALTH
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 referral: □ N/A □ Yes _____

Physical Exam (checked □ = normal)

□ **General** (Alert, NAD, +eye contact)
□ **Head** (No deformities, symmetric)
□ **Eyes** (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear)
□ **Ears** (Canals clear, TMs normal, orients to sounds, voice)
□ **Nose** (Mucosa NL, septum NL, patent)
□ **Mouth/Throat** (MMM, lips NL, tongue NL no oral lesions, no erythema, thyroid NL)
□ **Teeth** (Gums NL, dentition NL, no staining, caries or white spots)
□ **Heart** (No murmurs)
□ **Lungs** (Clear breath sounds)
□ **Abdomen** (Soft, non-tender, no masses)
□ **Skin** (No rashes, no lesions, no acne)
□ **Neuro** (Tone, symmetry, strength, & gait NL)
□ **Extremities** (Full ROM, strength/tone NL)
□ **Back** (No excessive curve)
□ **Genitalia**
Male (Penis NL: circ/uncir, no adhesions)
Female (Labia/clitoris NL, no discharge)
Tanner Stage: _____

Abnormal Findings

Assessment

□ Well child
□ Normal growth and development
□ Transition readiness assessment
□ Immunizations UTD
□ IMMs due _____

Anticipatory Guidance

□ **Healthy Habits** (Brush teeth 2x/day, routine dentist visits, exercise daily, balanced diet, healthy snacks, limit screen time, adequate sleep)
□ **Safety** (Bullying, sport helmets/ protective gear, seat belts, safe dating, abstinence/protected sex, tanning salons, steroid use, no guns)
□ **Learning** (Help with homework, encourage school & community involvement, begin transition to an adult health care provider)
□ **Behavior** (Sexuality/puberty, respect limits and consequences, coping with stress, seek help if feeling depressed/anxious, build positive relationships)

Plan

□ Vision acuity: R___/___ L___/___ Both___/___ (12 yo)
□ Hearing screen: □ NL_____
(1 screening between 11 yo and 14 yo)
□ Dental fluoride varnish every 3-6 mos. primary care or dental office
□ Fluoride supplementation risk assessment
□ TB testing based on risk factors
□ Iron Deficiency Anemia risk assessment
□ Dyslipidemia risk assessment (12 yo and 13 yo)
□ Sexually transmitted infections (STI) risk assessment
□ Immunizations (See immunization record)
□ Update transition of care plan
□ Education handout given

Next Appointment: _____ **Signature:** _____ **Date:** _____

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Name: _____ **DOB:** _____ **Date:** _____

Notes:

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