



Name	DOB:	Actual Age:
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HealthWatch EPSDT 13 - 16 YEARS

NURSING INTAKE						
Height:	Weight:	BMI:	BP:	Temp:	Pulse:	Resp.:
Allergies:				Growth Charts Completed: []		
Abuse: Witness or victim:				Notes:		
Alternate health care provider:				MA Signature		

INTERVAL HISTORY (indicate alone or with parent)	Meds/Vits.:	LMP:
Diet:	Weight loss/gain:	Menarche:
Appetite:	Physical Activity:	TB risk: Yes / No
Exposure to tobacco smoke:	Accidents:	Seeing dentist: Yes / No
Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma	
Sexual activity:	Illnesses, stomach, headache, fatigue, depression:	

GROWTH/SCHOOL PROGRESS: Physical activity: _____
 Achievement, sports, peer relationships, attendance, hobbies, school vision or hearing problem, attendance, after high school plans:

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION (unclothed)			
Legend: ✓ = Normal x = Abnormal			
General Appearance []	Well nourished and developed	Breast (female) []	No masses, Tanner stage I II III IV V
	No abuse/neglect evident	Lungs []	Clear to auscultation bilaterally
Head []	No lesions	Abdomen []	Soft, no masses, liver & spleen normal
Eyes []	PERRL, conjunctivae & sclerae clear	Genitalia []	Grossly nl, Tanner stage I II III IV V
	Vision grossly normal	Male []	Circ./uncirc. [] Testes in scrotum
Ears []	Canals Clear, TMs normal	Female []	No lesions, nl external appearances
	Hearing grossly normal	Femoral pulses []	Normal
Nose []	Passages clear, MM pink, no lesions	Extremities []	No deformities, full ROM
Teeth []	Grossly normal	Lymph nodes []	Not enlarged
Neck []	Supple, no masses, thyroid not enlarged	Back []	No scoliosis
Chest []	Symmetrical	Skin []	Clear, no significant lesions
Heart []	No organic murmurs, regular rhythm	Neurologic []	Alert, no gross sensory or motor deficit
		Female []	Pap done

ASSESSMENT:

PLAN:

ORDERS: [] Vaccine reactions, risk and follow-up explained /VIS sheets given.

[] Hep B (if not given previously)	[] Immunization registry entry	[] HPV (if not up to date)
[] MMR (if not up to date)	[] Vision screening (objective at 15 yrs)	[] UA(yearly)
[] Varicella, (if not up to date or history date documented)	[] Audiometry (objective at 15 yrs)	[] PPD
[] Hep A (if not given previously)	[] Dental Referral given	[] Lipid profile (if high risk)
[] HCT (once between 11 to 21 years)	[] Rx for fluoride .50/1.0 mg QD till age 14.	
[] MCV4 @ 15 years (if not up to date)	[] Rx. For Folic Acid .4 mg qd. (if female)	
[] Influenza vaccine (check recommendations)	[] Pap, GC, Chlamydia, VDRL (if sexually active)	
[] Td/Tdap (if not up to date)	[] Counsel re HIV (test if at risk)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Fat (esp. sat. & chol.), caloric balance, appropriate weight, junk food, eating disorders, physical activity.

Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety.

Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sun screen, sex education, abstinence, goals in life, family interaction, seat belt use, self-breast exam, testicular self-exam, independence

[] Refer to appropriate agency:
 Next appointment: [] 1 year or _____ Signature: _____ Date _____