



Name:	DOB:	Actual Age:
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HealthWatch EPSDT 17 - 20 YEARS

INTAKE & VITAL SIGNS	
Height:	Weight: BMI: BP: Temp.: Pulse: Resp.:
Allergies:	Advance Directive Education after 18 yrs : Yes / No
INTERVAL HISTORY: (indicate alone or with parent)	Meds/Vits.: LMP:
Diet:	Weight loss/gain: Menarche:
Appetite:	Illnesses, stomach, headache, fatigue, depression:
Tobacco/alcohol/drug use:	Accidents: Seeing dentist: Yes / No
Physical activity:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity:	Exposure to tobacco smoke: TB Risk: Yes / No
GROWTH/SCHOOL PROGRESS: Physical activity: _____ Achievement, sports, peer relationships, attendance, hobbies, after high school plans, school or vision or hearing problems:	
PARENTAL/PATIENT CONCERNS:	
PHYSICAL EXAMINATION (unclothed) Legend: ✓ = Normal x = Abnormal	
General Appearance [] Well nourished and developed	Lungs [] Clear to auscultation bilaterally
[] No abuse/neglect evident	Abdomen [] Soft, no masses, liver & spleen normal
Head [] No lesions	Genitalia [] Grossly nl, Tanner stage I II III IV V
Eyes [] PERRL, conjunctivae & sclerae clear	Male [] Circ./uncirc. [] Testes in scrotum
[] Vision grossly normal	Female [] No lesions, nl external appearances
Ears [] Canals Clear, TMs normal	Pap [] Done or (if done elsewhere)
Breast (female) [] No masses, Tanner stage I II III IV V	[] Dr.: _____ Date: _____
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal, no cavities	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
ASSESSMENT:	
PLAN:	
ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets to be given.	
[] HCT (yearly if menstruating)	[] Folic Acid .4 mg qd (ordered if female)
[] UA (yearly)	[] Lipid profile (if high risk)
[] Influenza vaccine (check recommendations)	[] Nutritional Assessment
[] Immunizations (if not up to date)	[] Dental Referral given
[] PPD (if at risk)	[] HPV (if not up to date)
[] Immunization registry entry	[] Meningoccal (for college)
[] Vision screening (objective 18 years)	[] Pap, GC, Chlamydia, VDRL (if sexually active)
[] Audiometry (objective 18 years)	[] Counsel re: HIV (test if at risk)
STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies	
ANTICIPATORY GUIDANCE: Circle if discussed	
Diet: Obesity, eating disorders, and junk food, physical activity, Transitioning to adult provider.	
Accident prevention: Seat belt use, Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.	
Guidance: Smoking, alcohol, and other drugs, suicidal ideation, puberty progress, sex education (abstinence, contraception, AIDS risk factors), goals in life, regular exercise, sun screen, family, social interaction, personal development, independence, breast self-exam testicular self exam, academic or work plans.	

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