

**GENERAL PEDIATRIC CLINIC / TEENAGER VISIT**  
 (See Page 2 for Teenager Visit additional exams)

Completion of this form is voluntary.

<b>Patient Name</b>		<b>Date of Birth</b>	<b>Today's Date</b>
<b>Age</b>	<b>Height</b>	<b>Weight</b>	<b>Sex</b>
<b>T</b>	<b>BP</b>	<b>P</b>	<b>R</b>

**Chief Concerns**

**Family Constellation and Concerns**  
 Household Members  
 Concerns: (employment, separation, divorce, family relations)

**Family Medical History**  
 Asthma  
 Cancer  
 CVA / MI before 60 years  
 High Cholesterol / triglycerides  
 Depression / Psychiatric illness  
 Diabetes  
 HTN  
 Renal  
 Sickle cell anemia  
 Substance abuse / alcoholism  
 Sudden death (age)  
 TB

**School History**  
 School  
 Failed a grade  
 Attitude towards school  
 Goals / Career  
 Absences in past year  
 Plan to drop out this year

**Social**  
 Activities / hobbies  
 Job  
 Sports / exercise  
 Diet  
 High / low weight in past year  
 Peer relations  
 Dating  
 Sleep pattern  
 Substance use (own and friends')  
     cigarettes  
     alcohol  
     drugs

Immunization	Drug Co. & Lot No.	Expiration Date
HepB		
MMR		
Td		
Varicella		

**Past Medical History**  
 General Health / illnesses  
 Allergies  
 Medications  
 Hospitalizations  
 Surgeries  
 Injuries / burns / fractures  
 Dental care  
 Immunizations

**Sexual History (if appropriate)**  
 Dating  Yes  No  
 Sexually active  Yes  No  
 Age at first intercourse \_\_\_\_\_  
 Number of partners \_\_\_\_\_  
 STD's \_\_\_\_\_  
 Pregnancies \_\_\_\_\_ Ab \_\_\_\_\_ Children \_\_\_\_\_  
 Fathered a child  Yes  No  
 Contraceptive use  Yes  No  
 Method(s) \_\_\_\_\_

**Menstrual History**  
 Menarche \_\_\_\_\_ LMP \_\_\_\_\_  
 Regular Periods  Yes  No  
 Cycle length \_\_\_\_\_  
     flow \_\_\_\_\_ duration \_\_\_\_\_  
     Tampons \_\_\_\_\_ pads \_\_\_\_\_  
 Dysmenorrhea \_\_\_\_\_ Meds \_\_\_\_\_

**Anticipatory Guidance**  
 Breast / Testicular self exam  
 Decision Making  
     sexuality issues  
     birth control  
     parenting  
     future Plans  
 Nutrition  
 Coping skills  
     mood changes / depression  
     stress / relief activities  
 Safety  
     driving / seat belts / bike helmet  
     guns / personal security  
 Sun Protection

<b>(Cross off parts not examined or not applicable)</b>		
<b>Physical Exam</b>	<b>N</b>	<b>Abn</b>
Skin: Acne-Comedones / Pustular / Nodular		
Head: Symmetry, Scalp, Hair		
Eyes: EOM, Pupils, Cornea, Conjunctivae, Fundi		
Ears: Pinnae, Canals, Tympanic Membrane		
Nose: Nares, Turbinates		
Throat: Pharynx, Tonsils		
Neck: Movements, Thyroid		
Nodes: Axillary, Cervical, Inguinal, Submandibular		
Breast	Tanner Stage – 1,2,3,4,5	
Development	Masses	
Habits: nail biting, tics, etc.		
Neuromuscular: Equilibrium, Motor Strength, Sensory, Coordination, Cranial Nerves, DTRs, Babinski		
Spine: Posture, Hip and Shoulder Levels		
Lungs		
Heart: Rhythm, s1, s2, Murmur		
Abdomen: Contour, LSK, Mass		

<b>Physical Exam</b>	<b>N</b>	<b>Abn</b>
Genitourinary	Tanner Stage 1, 2, 3, 4, 5	
	Hernia	
	Penis	
	Testes	
	Scrotum	
	Pelvic	
	Ext. Genitalia	
	Cervix	
	Adnexae	
	Uterus	
	Lab / Saline / Gram Stain	
Gynecomastia (m)		
Extremities: (Gait, Range of Motion of Joints)		
Anus (Rectal)		
Sexual Development (Describe)		

**Assessment:** (Synopsis, health promotion, description of abnormal findings.)

**Plan:** (Treatment, education/counseling, referral)

<b>Laboratory</b>	<b>Immunizations</b>
Urinalysis	dT Status
Hgb / Hct	TB Screen
STD panel	MMR Status
Pap smear	Hepatitis B
Rubella titer	
Cholesterol	
Other	

\_\_\_\_\_  
**SIGNATURE – Provider**

\_\_\_\_\_  
 Date Signed