### History

- **BF** = Bright Futures Priority Item

<table>
<thead>
<tr>
<th>BF</th>
<th>Questionnaire reviewed</th>
<th>Teen has special healthcare needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF</td>
<td>Teen has a dental home</td>
<td></td>
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<tr>
<td>BF</td>
<td>Concerns/questions raised by</td>
<td></td>
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<tr>
<td>BF</td>
<td>Follow-up on previous concerns</td>
<td></td>
</tr>
<tr>
<td>BF</td>
<td>Medication Record reviewed and updated</td>
<td></td>
</tr>
</tbody>
</table>

#### Social/Family History

- Single Parent
- Changes since last visit
- Teen lives with
- Relationship with parents/siblings
- Tobacco Exposure

### Physical Examination

- **M =** Reviewed w/Findings
- **F =** Reviewed Normal
- **BF** = Bright Futures

<table>
<thead>
<tr>
<th>BF</th>
<th>Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF</td>
<td>Ears</td>
</tr>
<tr>
<td>BF</td>
<td>Nose</td>
</tr>
<tr>
<td>BF</td>
<td>Mouth/teeth</td>
</tr>
<tr>
<td>BF</td>
<td>Neck</td>
</tr>
<tr>
<td>BF</td>
<td>Heart</td>
</tr>
<tr>
<td>BF</td>
<td>Gi/abdomen</td>
</tr>
<tr>
<td>BF</td>
<td>Breasts (discuss self-exam)</td>
</tr>
<tr>
<td>BF</td>
<td>Genitalia</td>
</tr>
<tr>
<td>BF</td>
<td>Sexual maturity rating</td>
</tr>
<tr>
<td>BF</td>
<td>Testicle (discuss self-exam)</td>
</tr>
<tr>
<td>BF</td>
<td>Neurologic/gait</td>
</tr>
<tr>
<td>BF</td>
<td>Extremities</td>
</tr>
<tr>
<td>BF</td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>BF</td>
<td>Hygiene</td>
</tr>
</tbody>
</table>

### Assessment

- **BF** = Well Teen

### Anticipatory Guidance

- **M =** Discussed and/or handout given
- **F =** Know friends and activities

- Physical growth and development
  - Balanced diet
  - Physical activity
  - Limit TV
  - Protect hearing
  - Brush/Floss teeth
  - Regular dentist visits

- Emotional well-being
  - Decision-making
  - Dealing with stress
  - Mood changes
  - Sexuality/ puberty

- Social and academic competence
  - Age-appropriate limits
  - Friends/relationships
  - Family time
  - Community involvement
  - Encourage reading/school
  - Rules/ expectations
  - Planning for after high school
  - Education: expectations, preparation, and options

- Risk reduction
  - Tobacco, alcohol, drugs
  - Prescription drugs
  - Sex
  - Violence and injury prevention
  - Seat belts
  - Guns
  - Conflict resolution
  - Driving restriction
  - Sports/recreation safety
### Plan

**BF**: Patient is up to date, based on CDC/ACIP immunization schedule.  
☐ Yes  ☐ No  
If no, immunizations given today.  
☐ Yes  ☐ No  
Immunization plan/comments  
☐ Yes  ☐ No  

**Oral Health**  
☐ Oral health risk assessment  
☐ Completed  
☐ Low  ☐ Mod  ☐ High  
Has a dental home  
☐ Yes  ☐ No  
Dental fluoride varnish applied  
☐ Yes  ☐ No  
Dental Visit in Past Year  
☐ Yes  ☐ No  
Well water testing  
☐ Yes  ☐ No  

**MaineCare Member Support Requested**  
☐ Transportation to appointments  
☐ Find dentist  
☐ Find other provider  
☐ Make doctor's appointment  
☐ Public Health Nurse referral  
☐ Family aware  

**Laboratory/Screening results**  
Hearing screen  
☐ Previously done  Date completed  
Vision screen  
☐ Previously done  Date completed  
Cholesterol  
Hyperlipidemia risk (if hx unknown consider screening)  
☐ Yes  ☐ No  
Family hx of depression  
☐ Yes  ☐ No  
Family hx of sudden death  
☐ Yes  ☐ No  

**PPD / Anemia**  
☐ PPD done (if exposure risk) / date done / / /  
PPD result if done  
☐ Neg  ☐ Pos  
PPD plan/comments  
☐ Yes  ☐ No  
Hgb/Hct ordered / date done / / /  
Hgb/Hct result: Hgb , Hct  
Hgb/Hct plan/comments  

If sexually active discuss birth control, pregnancy, and STD risk.  
Chlamydia test ordered / date done / / /  
☐ Not indicated  ☐ Previously done  Results  
Chlamydia plan/comments  
Heavy menses, extreme weight loss, etc.  

**BF Referral to**  

**BF Follow-up/Next Visit**  

**Narrative Notes:**  

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**EXAMINER’S SIGNATURE**  

**DATE**