### WELL CHILD VISIT

#### History

- **BF Previsit Questionnaire reviewed**
- **BF Teen has special health care needs**
- **BF Teen has a dental home**
- **BF Concerns/questions raised by**
- **BF Teen lives with**
- **BF Relationship with parents/siblings**
- **BF Tobacco Exposure**

#### Social/Family History

- **Single Parent**
- **Changes since last visit**
- **Teen lives with**
- **BF Relationship with parents/siblings**

#### Risk Assessment

- **Date of last visit**

#### Physical Examination

- **BF Skin**
- **BF Eyes**
- **BF Ears**
- **BF Nose**
- **BF Throat**
- **BF Mouth/Teeth**
- **BF Neck**
- **BF Heart**
- **BF GI/Abdomen**
- **BF Breasts (discuss self-exam)**
- **BF Genitalia**
- **BF Sexual maturity rating**
- **BF Testicle (discuss self-exam)**
- **BF Neurologic/Gait**
- **BF Extremities**
- **BF Musculoskeletal**
- **BF Hygiene**
- **BF Back/Spine**

#### Assessment

- **BF Well Teen**

#### Anticipatory Guidance

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

- **BF Emotional well-being**
  - Decision-making
  - Dealing with stress
  - Mood changes
  - Sexuality/Puberty

- **BF 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

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

**15 to 21 Years**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Male</th>
<th>Female</th>
<th>Medical Record Number</th>
<th>DOB</th>
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**DOB**

- Actual age Years: _____
- Months: _____

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### Current Medications

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### Plan

#### BF
- Patient is up to date, based on CDC/ACIP immunization schedule.  
  - [ ] Yes  
  - [ ] No
- If no, immunizations given today.  
  - [ ] Yes  
  - [ ] No
- ImmnFact2 record reflects current immunization status:  
  - [ ] Yes  
  - [ ] No
- Immunization plan/comments

- 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

#### Laboratory/Screening results

- Hearing screen  
  - [ ] Yes  
  - [ ] No
  - [ ] Previously done  
  - Date completed
- Vision screen  
  - [ ] Yes  
  - [ ] No
  - [ ] Previously done  
  - Date completed
- Cholesterol
  - [ ] Yes  
  - [ ] No
  - [ ] Previously done
  - Date completed
- 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
  - [ ] Neg  
  - [ ] Pos
  - PPD plan/comments
  - [ ] Hgb/Hct ordered  
  - Date done
  - [ ] Hgb/Hct result: Hgb  
  - Hct
  - [ ] PPD result if done
  - [ ] Neg  
  - [ ] Pos
  - PPD 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.

### MaineCare Member Support Requested

- [ ] Transportation to appointments
- [ ] Find dentist
- [ ] Find other provider
- [ ] Make doctor's appointment
- [ ] Public Health Nurse referral
- [ ] Family aware

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### BF Referral to

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### BF Follow-up/Next Visit

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### Narrative Notes:

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**EXAMINER'S SIGNATURE**

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