11 to 14 Years — WELL CHILD VISIT

Revised August 2020

Name	BIRTH DATE	AGE ❑M ❑F	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE

ID NUMBER	CURRENT MEDICATIONS	DRUG ALLERGIES
	See other side for current medication list	

WEIGHT (%)	HEIGHT (%)	BMI (%)	BMI RANGE	BLOOD PRESSURE	TEMPERATURE	DATE/TIME
			❑<5% (under) ❑5-84% (healthy) ❑85-94% (over) ❑95-98% (obese) ❑≥99% (obese)			

See growth chart.

BF = Bright Futures Priority Item

History

BF ❑ Previsit Questionnaire reviewed
BF ❑ Teen has a dental home
❑ Teen has special health care needs

BF Concerns/questions raised by _____
❑ None ❑ Addressed (see other side)

BF Follow-up on previous concerns ❑ None ❑ Addressed (see other side)
_____

Menarche age _____ Regularity _____

BF Menstrual problems _____

❑ Medication Record reviewed and updated

Social/Family History

❑ Single Parent

BF _____ Changes since last visit __

BF Teen lives with __

BF Relationship with parents/siblings _____

❑ Tobacco Exposure

Risk Assessment

If not reviewed in Supplemental Questionnaire (Use other side if risks identified.)

☑ = NL Date of last visit _____

BRIGHT FUTURES

HOME
Eats meals with family ❑Yes ❑No
Has family member/adult to turn to for help ❑Yes ❑No
Is permitted and is able to make independent decisions ❑Yes ❑No

EDUCATION
Grade _____
Performance ❑NL _____
Behavior/Attention ❑NL _____
Homework ❑NL _____

EATING
Eats regular meals including adequate fruits and vegetables ❑Yes ❑No
Drinks non-sweetened liquids ❑Yes ❑No
Calcium source ❑Yes ❑No
Has concerns about body or appearance ❑Yes ❑No

ACTIVITIES
Has friends ❑Yes ❑No
At least 1 hour of physical activity/day ❑Yes ❑No
Screen time (except for homework) less than 2 hours/day ❑Yes ❑No
Has interests/participates in community activities/volunteers ❑Yes ❑No

DRUGS (Substance use / abuse)
Uses tobacco/alcohol/drugs ❑Yes ❑No

SAFETY
Home is free of violence ❑Yes ❑No
Uses safety belts/safety equipment ❑Yes ❑No
Has peer relationships free of violence ❑Yes ❑No

SEX
Has had oral sex ❑Yes ❑No
Has had sexual intercourse (vaginal, anal) ❑Yes ❑No

SUICIDALITY / MENTAL HEALTH
Has ways to cope with stress ❑Yes ❑No
Displays self-confidence ❑Yes ❑No
Has problems with sleep ❑Yes ❑No
Gets depressed, anxious, or irritable/has mood swings ❑Yes ❑No
Has thought about hurting self or considered suicide ❑Yes ❑No

Physical Examination

☑ = Reviewed w/Findings **OR** ❒ NL = Reviewed/Normal

❑ GENERAL APPEARANCE _____ ❑NL
BF ❑ **SKIN** _____ ❑NL
❑NL
❑ EYES _____ ❑NL
❑ EARS _____ ❑NL
❑ NOSE _____ ❑NL
❑ THROAT _____ ❑NL
❑ MOUTH/TEETH _____ ❑NL
❑ NECK _____ ❑NL
❑NL
❑ HEART _____ ❑NL
❑ ABDOMEN _____ ❑NL
BF ❑ **BREASTS (discuss self-exam)** _____ ❑NL
BF ❑ **GENITALIA** _____ ❑NL
BF ❑ **SEXUAL MATURITY RATING** _____ ❑NL
❑ TESTICLE (discuss self-exam) _____ ❑NL
❑ NEUROLOGIC/GAIT _____ ❑NL
❑ EXTREMITIES _____ ❑NL
❑ MUSCULOSKELETAL _____ ❑NL
❑ HYGIENE _____ ❑NL
BF ❑ **BACK/SPINE** _____ ❑NL

BF Comments _____

Assessment

BF ❑ Well Teen

Anticipatory Guidance

☑ = Discussed and/or handout given

❑ Identified at least one child and parent strength
❑ Counseled on smoking cessation if tobacco user
❑ Discuss 5-2-1-0, fast food, avoid juice/soda/candy
❑ Driving Restrictions

BRIGHT FUTURES

❑ PHYSICAL GROWTH AND DEVELOPMENT
- Brush/Floss teeth
- Regular dentist visits
- Body image
- Balanced diet
- Limit TV
- Physical activity

❑ EMOTIONAL WELL-BEING
- Decision-making
- Dealing with stress
- Mental health concerns
- Sexuality/Puberty

❑ SOCIAL AND ACADEMIC COMPETENCE
- Help with homework when needed
- Encourage reading/school
- Community involvement Family time
- Age-appropriate limits
- Friends
- Education: expectations, preparation, and options

❑ VIOLENCE AND INJURY PREVENTION
- Seat belts, no ATV
- Guns
- Safe dating
- Conflict resolution
- Bullying
- Sport helmets
- Protective gear

❑ RISK REDUCTION
- Tobacco, alcohol, drugs
- Prescription drugs
- Know friends and activities
- Sex

(see other side for plan, immunizations and follow-up)

11 to 14 Years WELL CHILD VISIT

NAME	Male / Female	Medical Record Number	DOB Actual age Years:_____Months: _____

Current Medications _____

_____

_____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ❑Yes ❑No
If no, immunizations given today. ❑Yes ❑No
ImmPact2 record reflects current immunization status: ❑Yes ❑No

_____

❑ Immunization plan/comments _____

_____

BF Laboratory/Screening results _____

_____

Hearing screen _____
❑Previously done Date completed _____
Vision screen _____
❑Previously done Date completed _____
Hyperlipidemia risk (if hx unknown consider screening) _____
❑ Family Hx of depression _____
❑ Family Hx of sudden death _____

PPD / Anemia

❑ PPD done (if exposure risk) / date done_____/_____/ _____
PPD result if done ❑ Neg ❑ Pos
PPD plan/comments _____
❑ 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. _____

_____

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

_____

_____

_____

_____

_____

_____

BF Referral to _____

_____

BF Follow-up/Next Visit _____

_____

Narrative Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

EXAMINER'S SIGNATURE	DATE

STATE OF MAINE
Department of
Health and Human Services