

11 to 15 YEAR VISIT

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Date _____

Tennessee Chapter

Form revised 06/16

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____ lbs. _____ oz. Height _____ in. BMI _____ %tile Temp. _____ AX Oral

B/P: _____ / _____

NUTRITION

Low fat milk? Yes No

Variety of fruits, vegetables? Yes No

Eats breakfast? Yes No

Eats supper with family? Yes No

INTERVAL HISTORY/NEW PROBLEMS

Change in family history? Yes No

Change in social history? Yes No

If Yes, what? _____

Are there new problems or illnesses since the last visit? Yes No

If Yes, what? _____

DYSLIPIDEMIA RISK ASSESSMENT — +

FH CVD heart disease <55 M Yes No

FH CVD heart disease <65 F Yes No

FH ↑ cholesterol Yes No

BP > 90% DM _____ inactive _____

passive smoke _____ Chronic illness _____

BMI > 95% _____

DYSLYPIDEMIA SCREEN _____

(Once between 9-11 years)

HEARING RISK ASSESSMENT (11 - 15 years) — +

VISION RISK ASSESSMENT (11, 13 and 14 years) — +

VISION SCREEN (12 and 15 years)

L near 20/ _____ far 20/ _____

R near 20/ _____ far 20/ _____

Wears glasses, sees eye specialist

ANEMIA RISK ASSESSMENT — +

poverty _____ poor diet _____ chronic illness _____

menorrhagia _____

ALCOHOL/DRUG SCREEN (11-21 YEARS) — +

TB RISK ASSESSMENT — +

STI/HIV RISK ASSESSMENT (11-21 YEARS)

Hx of sexual activity _____ +

Hx of IV drug use _____ +

DEPRESSION SCREENING* (11-21 YEARS)

Normal Abnormal

Developmental Surveillance

Yes No Concerns? _____

Psychosocial/Behavioral Surveillance

Yes No Concerns? _____

School Grade _____

Problems? Yes No

If Yes, what? _____

PHYSICAL EXAM Undressed: yes no

General ----- nl abnl

Head ----- nl abnl

Neck ----- nl abnl

Eyes ----- nl abnl

Ears ----- nl abnl

Nose ----- nl abnl

Throat/Mouth/Teeth -- nl abnl

Chest

Breasts/Tanner Stage-- nl abnl

Lungs----- nl abnl

Heart ----- nl abnl

Abdomen ----- nl abnl

Femoral Pulses ----- nl abnl

Extremities----- nl abnl

Genitalia/Tanner Stage

Female Male

MUSCULOSKELETAL EXAM

Shoulder/arm----- nl abnl

Elbow/forearm----- nl abnl

Wrist/hand/fingers ---- nl abnl

Hips/thigh ----- nl abnl

Knee----- nl abnl

Leg/ankle----- nl abnl

Foot/toes----- nl abnl

SAFETY

- Buckle up!
- Bike helmet, street safety
- Smoke detectors in home
- No smoking in home
- Swimming, water safety
- Firearm safety
- Sunburn prevention

HEALTH

- Low fat milk and snacks
- Healthy food choices, Ca intake
- Brush teeth, see dentist
- < 20-30% of calories from dietary fat
- < 10% of calories from saturated fat
- < 300 mg of cholesterol per day
- Adequate sleep
- Acne
- Encourage sports, active play
- Sports form attached Yes No

SOCIAL/BEHAVIORAL

- School adjustment, performance
- Sports and hobbies
- Limit TV, computer games
- Give choices
- Encourage independence
- Set limits, provide consequences
- Managing stress, anger
- Say no to alcohol, drugs, tobacco
- Puberty changes and questions about sex
- Periods (girls) LMP _____
- Family relationships
- Friends, boy/girl friends
- Abstinence, birth control

SOCIAL/BEHAVIORAL (continued)

- Social Media
- Sleep hygiene
- + eating disorder screen

IMPRESSION

- Well Child/Adolescent
- Normal Growth
- Normal Development

PLAN/REFERRALS

- Immunizations current? Yes No
- *Tdap, MCV4, *Varicella (2 doses or hx or dz), Hep B, HPV
- Influenza vaccine
- V.I.S./Counseling
- RTC at _____ years
- Handouts
- Cholesterol - Non-fasting Lipid Profile or Fasting Lipid Profile (once between 9 and 11 years)
- Cholesterol - Fasting Lipid Profile (12-16 years) only if new risk factors in self or family
- Hgb (if + menarche or high risk every year) _____
- PPD if at risk
- STD screening
- Begin transition plan
- Parent declination of treatment _____
- Referrals _____
- _____
- _____

_____ M.D. / P.N.P. / DO / PA

PROV# _____

See back for additional documentation

* Required for 7th Grade entry

* see separate form