# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068L (08/2019)

Reprinted and adapted with permission from Memee K. Chun, M.D.

**GENERAL PEDIATRIC CLINIC / TEENAGER VISIT**

(See Page 2 for Teenager Visit additional exams)

Completion of this form is voluntary.

|  |  |  |
| --- | --- | --- |
| **Patient Name** | **Date of Birth** | **Today’s Date** |
| **Age** | **Sex** | **Height** | **Weight** | **BMI** |
| **T** | **BP** | **P** | **R** |
| **Chief Concerns** | **Past Medical History**General Health / Illnesses     AllergiesMedicationsHospitalizationsSurgeriesInjuries / Burns / FracturesDental CareImmunizations |
| **Family Constellation and Concerns**Household Members     Concerns: (Employment, Separation, Divorce, Family Relations) |
| **Family Medical History**AsthmaCancerCVI / MI Before 60 yearsHigh Cholesterol / TriglyceridesDepression / Psychiatric IllnessDiabetesHTNRenalSickle Cell AnemiaSubstance Abuse / AlcoholismSudden Death (Age)Tuberculosis (TB) | **Sexual History (If appropriate)** |
| Dating  Yes [ ]  No [ ]  |
| Sexually Active  Yes [ ]  No [ ]  |
| Age at First Intercourse      |
| STDs      |
| Pregnancies      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ab \_     \_\_\_\_\_\_\_\_\_\_\_ | Children      \_\_\_\_\_\_ |
| Fathered a Child [ ]  Yes [ ] No |
| Contraceptive Use [ ]  Yes [ ]  No |
| Methods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **School History**SchoolFailed a GradeAttitude Towards SchoolGoals / CareerAbsences in Past YearPlan to Drop Out This Year | **Menstrual History**Menarche [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMP [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Regular Periods [ ]  Yes [ ]  No |
| Cycle Length     Flow      Duration     Tampons      Pads      Dysmenorrhea Meds       |

**GENERAL PEDIATRIC CLINIC TEENAGER VISIT (ADDITIONAL EXAMS)**

F--01068L (08/2019) Page 2

|  |  |
| --- | --- |
| **Social**Activities / HobbiesJobSports / ExerciseDietHigh / Low Weight in Past YearPeer RelationsDatingSleep Pattern Substance Use (Own and Friends)CigarettesAlcoholDrugs | **Anticipatory Guidance**Breast / Testicular Self ExamDecision MakingSexuality IssuesBirth ControlParentingFuture PlansNutritionCoping SkillsMood Changes / DepressionStress / Relief ActivitiesSafetyDriving / Seat Belts / Bike HelmetGuns / Personal SecuritySun Protection |
| **Immunization** | **Drug Co. and Lot. No.** | **Expiration Date** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

*Continued*

**GENERAL PEDIATRIC CLINIC TEENAGER VISIT (ADDITIONAL EXAMS)**

F--01068L (08/2019) Page 3

|  |
| --- |
| **Note – Present (+) or Absent (-) as Appropriate**(Cross off parts not examined or not applicable) |
| **Physical Exam** | **N** | **Abn** | **Physical Exam** | **N** | **Abn** |
| Skin: Acne-Comedones / Pustular / Nodular |       |       | Genitourinary Tanner Stage 1, 2, 3, 4, 5 |       |       |
| Head: Symmetry, Scalp, Hair |       |       |  Hernia |       |       |
| Eyes: EOM, Pupils, Cornea, Conjunctive |       |       |  Penis |       |       |
| Ears: Pinnae, Canals, Tympanic Membrane |       |       |  Testes |       |       |
| Nose: Nares, Turbinates  |       |       |  Scrotum |       |       |
| Throat: Pharynx, Tonsils |       |       |  Pelvic |       |       |
| Neck: Movements, Thyroid |       |       |  Ext. Genitalia |       |       |
| Nodes: Axillary, Cervical, Inguinal, Submandibular  |       |       |  Cervix |       |       |
| Breast: Tanner Stage — 1, 2, 3, 4, 5 |       |       |  Adnexse |       |       |
| Development Masses |       |       |  Uterus |       |       |
| Habits: Nail biting, tics, etc. |       |       |  Lab / Saline / Gram Strain |       |       |
| Neuromuscular: Equilibrium, Motor Strength, Sensory, Coordination, Cranial Nerves, DTRs, Babinski |       |       | Gynecomastia (m) |       |       |
| Extremities: (Gait, Range of Motion of Joints) |       |       |
| Anus (Rectal) |       |       |
| Spine: Posture, Hip and Shoulder Levels |       |       | Sexual Development |       |       |
| Lungs: |       |       |
| Heart: Rhythm, S1, S2 Murmur |       |       |
| Abdomen: Contour, LSK, Mass |       |       |
| **Assessment:** (Synopsis, health promotion, description of abnormal findings.)      | **Plan:** (Treatment, education/counseling, referral)      |
| **Laboratory** | **Immunizations** |
| Urinalysis      | dT Status      |
| Hgb / Hct      | TB Screen      |
| STD panel      | MMR Status      |
| Pap smear      | Hepatitis B      |
| Rubella titer      |  |
| Cholesterol      |  |
| Other      |
| **SIGNATURE —** Provider | Date Signed      |