# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068L (08/2019)

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**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    Allergies  Medications  Hospitalizations  Surgeries  Injuries / Burns / Fractures  Dental Care  Immunizations | | | | | |
| **Family Constellation and Concerns**  Household Members    Concerns: (Employment, Separation, Divorce, Family Relations) | | | |
| **Family Medical History**    Asthma  Cancer  CVI / MI Before 60 years  High Cholesterol / Triglycerides  Depression / Psychiatric Illness  Diabetes  HTN  Renal  Sickle Cell Anemia  Substance Abuse / Alcoholism  Sudden 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**    School  Failed a Grade  Attitude Towards School  Goals / Career  Absences in Past Year  Plan to Drop Out This Year | | | | **Menstrual History**    Menarche  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMP  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Regular Periods  Yes  No | | | | | |
| Cycle Length    Flow    Duration    Tampons        Pads  Dysmenorrhea  Meds | | | | | |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Social**    Activities / Hobbies  Job  Sports / Exercise  Diet  High / Low Weight in Past Year  Peer Relations  Dating  Sleep Pattern  Substance Use (Own and Friends)  Cigarettes  Alcohol  Drugs | | | **Anticipatory Guidance**    Breast / Testicular Self Exam  Decision Making  Sexuality Issues  Birth Control  Parenting  Future Plans  Nutrition  Coping Skills  Mood Changes / Depression  Stress / Relief Activities  Safety  Driving / Seat Belts / Bike Helmet  Guns / Personal Security  Sun Protection |
| **Immunization** | **Drug Co. and Lot. No.** | **Expiration Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Continued*

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | |