WELL CHILD EXAM – ADOLESCENCE: 15 - 18 Year

DATE

PATIENT NAME	DOB	SEX	PARENT/GUARDIAN NAME

Allergies	Current Medications

Prenatal/Family History

Weight	Percentile	Height	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

Interval History:
(Include injury/illness, visits to other health care providers, changes in family or home)

Nutrition
- ☐ Grains _____ servings per day
- ☐ Fruit/Vegetables _____ servings per day
- ☐ Whole Milk _____ servings per day
- ☐ Meat/Beans _____ servings per day
- ☐ City water ☐ Well water ☐ Bottled water

Elimination ☐ Normal ☐ Abnormal

Exercise Assessment
Physical Activity: _____ minutes per day

Sleep ☐ Normal ☐ Abnormal

Menstrual
□ Premenarchal □ Normal □ Abnormal

Additional area for comments on page 2

Screening and Procedures:
- ☐ Urinalysis (Required for Medicaid sexually active adolescent males and females)

Hearing
- ☐ Parental observation/concerns

Vision
- ☐ Visual acuity (at 15 & 18 years)
  _____R _____L _____Both
- ☐ Parental observation/concerns

Developmental Surveillance
- ☐ Social-Emotional ☐ Communicative
- ☐ Cognitive ☐ Physical Development

Psychosocial/Behavioral Assessment
☐ Y ☐ N

Alcohol & Drug Use (risk assessment)
☐ Y ☐ N

Screening for Abuse ☐ Y ☐ N

Screen If Risk:
- ☐ IPPD _____ (result)
- ☐ Hct or Hgb _____(result)
- ☐ Dyslipidemia _____(result) (1X 18-20)
- ☐ STI Screening _____(result)
- ☐ Cervical Dysplasia _____(result)
- ☐ Glucose _____(result)

Immunizations:
- ☐ Immunizations Reviewed, Given & Charted

If needed but not given, document rationale
- ☐ Tdap ☐ HPV ☐ Flu ☐ MCV4
- ☐ MCIR checked/updated

Patient Unclothed ☐ Y ☐ N

Review of Systems N	Review of Systems A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General Appearance
☐	☐	☐	☐	Skin/nodes
☐	☐	☐	☐	Head
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

- ☐ Normal Growth and Development
- ☐ Tanner Stage _____
- ☐ Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with child/parent
☐ Y ☐ N

Plan
- ☐ History/Problem List/Meds Updated
- ☐ Referrals
  - ☐ Children Special Health Care Needs
  - ☐ Transportation
  - ☐ Other_____
- ☐ Other _____

Anticipatory Guidance/Health Education
(√ **if discussed)**

Safety
- ☐ Avoid alcohol, tobacco, drugs, inhalants
- ☐ Make a plan if in unsafe situation
- ☐ Seat belt use for self and passengers
- ☐ Responsible Driving/follow speed limits
- ☐ Swimming/Water Safety
- ☐ Use bike helmet/protective sporting gear
- ☐ Gun and weapon safety
- ☐ Learn to protect self from abuse
- ☐ Limit time in sun-use sunscreen

Nutrition/physical activity
- ☐ Healthy Weight/body image/dieting
- ☐ Limit TV, video, and computer games
- ☐ Physical activity & adequate sleep
- ☐ Eat meals as a family

Oral Health
- ☐ Schedule dental appointment
- ☐ Brush and floss teeth
- ☐ No smoking/chewing tobacco

Development and Behavior
- ☐ Increased responsibility for own health care
- ☐ Self Breast/Testicular Exam
- ☐ Handling stress & disappointment
- ☐ Discuss development
- ☐ Normal sexual feelings
- ☐ Preventing pregnancy and STIs
- ☐ Avoid risky or violent situations
- ☐ Healthy dating relationships
- ☐ Feeling sad/angry/fearful
- ☐ Handling depression/suicide

Family Support and Relationships
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
- ☐ Know who your teen spends time with
- ☐ Spend family time together
- ☐ Home, school, community rules
- ☐ Respect others
- ☐ Discuss future plans/College/Career
- ☐ School frustrations/dropping out
- ☐ Encourage to volunteer/participate with religious, school or community activities

Next Well Check: _____ years of age

Developmental Surveillance on Page 2
Page 3 required for Foster Care Children

Provider Signature:

See Next Page

Page 2 – WELL CHILD EXAM - Adolescence: 15 - 20 Years – Developmental Surveillance (This page may be used if not utilizing a Validated Developmental Screener)

DATE	PATIENT NAME	DOB

Developmental Questions and Observations

You may use the following screening list, or an age appropriate standardized developmental instrument or screening tool.

Ask the patient to respond to the following statements:

Yes	No	
☐	☐	Please tell me any questions or concerns you have today: _____
☐	☐	I eat breakfast everyday.
☐	☐	I am happy with how I am doing in school and/or at work.
☐	☐	I have one or more close friends.
☐	☐	I feel rested when I wake up.
☐	☐	I participate in at least one activity and/or interest other than school and work.
☐	☐	I do things with my family.
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when I feel angry, stressed or frustrated.
☐	☐	I have someone I can talk to.
☐	☐	I have questions about sexuality.
☐	☐	I get some physical activity every day.
☐	☐	I sometimes feel really down and depressed.
☐	☐	I sometimes feel very nervous.

If the parent is present, ask the parent to respond to the following statements:

☐	☐	I am proud of my child.
☐	☐	I talk to my child about alcohol, drugs, and smoking.
☐	☐	My child‘s school work matches his/her future goals.
☐	☐	My child‘s school work matches my future goals for him/her.
☐	☐	I talk to my child about sexuality and our family’s values regarding sex.
☐	☐	I monitor my child’s activities and social life.

Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*)

Additional Notes from pages 1 and 2: _____

_____

_____

_____

Staff Signature: _____ Provider Signature: _____

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Department of Human Services, Michigan Association of Health Plans, and Michigan Association of Local Public Health.
Updated 4/2011

THIS PAGE IS REQUIRED FOR FOSTER CARE CHILDREN
PAGE 3 – WELL CHILD EXAM – ADOLESCENCE: 15 - 18 Years

DATE	CHILD'S NAME	DOB
Name and phone number of person who accompanied child to appointment: Name: Phone Number:		□ **Parent** □ **Foster Parent** □ **Relative Caregiver (specify** relationship)_____ □ **Caseworker**

A physical exam, including developmental, psychosocial, and behavioral health screening, must be completed utilizing all Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. Please attach the completed physical form utilized at this visit.

Developmental, Psychosocial, and Behavioral Health Screenings (must use validated tool)
Always ask child, parents and/or guardian if they have concerns about development or behavior. (You must use a standardized behavioral instrument or screening tool as required by the Michigan Department of Community Health and Michigan Department of Human Services).

Validated Standardized Behavioral Screening completed: Date_____

Screener Used: □ Pediatric Symptom Checklist (PSC) □ Pediatric Symptom Checklist-Youth (PSC-Y)

□ Other tool (name of tool)_____ **Score:** _____

Referral Needed: □ No □ Yes

Referral Made: □ No □ Yes Date of Referral:_____ **Agency:** _____

Current or Past Mental Health Services Received: □ No □ Yes (if yes please provide name of provider)

Name of Mental Health Provider:_____

EPSDT Abnormal results:

Special Needs for Child (e.g., DME, therapy, special diet, school accommodations, activity restrictions, etc):

Provider Signature: _____

Provider Name_____
Please print

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PATIENT/PARENT HANDOUT

My Health at 15 - 18 Years

Milestones

Your development between 15 and 18 years of age.

- You will keep making more decisions for yourself, plan for your life after high school, and discover new skills and talents.
- This can be an exciting time for you but also can be very emotional. This is part of the growing process. You can learn to manage stress or anger by taking a class with a friend or your parents.
- Teens face many tough choices and may feel more pressures to make the wrong choice. This is an important time to talk to friends, parents, family members and trusted teachers to help you learn to make the right choices.

For Help or More Information:

Safety Information:

Call 1-202-662-0600 or go to http://www.safekids.org/safety-basics/

Crisis Intervention/Suicide Prevention Information:

- The National Crisis 24/7 Helpline at 1-800-999-9999 or visit www.nineline.org
- Girls & Boys Town 24/7 Suicide and Crisis Line: 800-448-3000 or visit www.girlsandboystown.org/hotline

Sexuality Information for teens:

(Planned Parenthood®) http://www.plannedparenthood.org/info-for-teens/index.asp

Gambling:

- Michigan Department of Community Health Problem Gambling Help-line: (800) 270-7117 [24-Hours]
- National Council on Problem Gambling 24 hour confidential Hotline Number: (800) 522-4700 or online at www.ncpgambling.org

AIDS Hotlines:

- Michigan AIDS Hotline (800) 872-2437
- AIDS.GOV website online at www.aids.gov
- National AIDS Hotline: 1-800-CDC-INFO (1-800-232-4636) or online at www.cdc.gov
- 24-Hour Hotline (Public Health Service): 1-800-342-2437

Eating Disorders:

Call the Eating Disorder Hotline 1-800-931-2237 or visit http://www.nationaleatingdisorders.org/

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233) or online at www.ndvh.org

General Information for teens and their parents:

Provides information for teens and parents of teen on many teen topics. http://www.kidshealth.org/

Health Tips:

Talk with your doctor at each visit about your health and learn what to do when you have a cold, an earache, or the flu. You should have regular health, vision and dental check-ups.

You need at least 8 hours of sleep each night to do your best at school, work or when driving.

A healthy diet is important. You need certain foods to help you grow during your teen years. If you are worried about your weight, check with your doctor. Diet for weight loss should be done only with a doctor or nurse's help. Exercise, healthy foods and fewer snacks are the best way to lose weight. Make a goal to be physically active at least 60 minutes each day. It doesn't have to be all at once. Find activities that you enjoy.

Learn about sexuality, abstinence, sexually transmitted infections and birth control. Be sure you know how and why to say "NO" to sex. Talk to your parents, doctor, nurse or adult advisor about making sexual decisions.

Everyone feels depressed sometimes. It can be serious so see your doctor or find a counselor if you, or someone you know has several of the following signs for more than two weeks:

- Depressed/irritable mood most of the day, nearly every day
- Loss of interest or pleasure in usual activities
- Noticeable change in appetite or weight (when not dieting or trying to gain weight)
- Trouble sleeping or sleeping too much
- Speaking and/or moving with unusual speed or slowness
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt
- Decreased ability to think or concentrate, or unable to make decisions, nearly every day
- Thoughts of death, suicide, wishes to be dead or suicide attempts
- Abusing drugs, alcohol or other substances

Safety Tips

Use safety equipment, helmets, pads and seat belts.

Driving is most risky for teenagers when they have other teens in the car. You and your parents should agree on clear rules about driving, especially with your friends.

Never drive drunk or ride with anyone who has been drinking. Remember, "Friends don't let friends drive drunk." They also don't let friends ride with a drunk.

Learn gun safety. Never play around with guns. If there are guns or rifles in your home, make sure they are unloaded and locked up.

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