WELL CHILD EXAM – EARLY ADOLESCENCE: 11 - 14 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 12 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)
- ☐ 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 with child if in unsafe situation
- ☐ Seat belt use
- ☐ Swimming/Water Safety
- ☐ Use bike helmet/protective sporting gear
- ☐ Gun and weapon safety

Nutrition/physical activity
- ☐ Limit sugar and high fat food/drinks
- ☐ Healthy weight
- ☐ Offer variety of healthy foods and include 5 servings of fruits & veggies every day
- ☐ Limit TV, video, and computer games
- ☐ Physical activity & adequate sleep
- ☐ Eat meals as a family

Oral Health
- ☐ Schedule dental appointment
- ☐ Brush and floss teeth
- ☐ Limit sweets/soda

Child Development and Behavior
- ☐ Discuss puberty, development, contraception, STDs
- ☐ Normal sexual feelings/delaying sex
- ☐ Peer relationships
- ☐ Discuss family & household responsibilities
- ☐ Discuss ways to handle anger/conflict
- ☐ How to handle stress & disappointment

Family Support and Relationships
- ☐ Substance Abuse, Child Abuse, Domestic Violence Prevention, Depression
- ☐ Know child's friends and their families
- ☐ Spend family time together
- ☐ Encourage positive interaction with siblings, teachers, friends and you
- ☐ Discuss limits and consequences
- ☐ Home, school, community rules
- ☐ Discuss school transitions & ability to adapt
- ☐ Encourage participation with peer activities
- ☐ 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-Early Adolescence: 11 - 14 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 parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing _____
☐	☐	My child eats breakfast everyday.
☐	☐	My child is doing well in school.
☐	☐	My child has one or more close friends.
☐	☐	My child handles stress, anger, frustration well, most of the time.
☐	☐	My child seems rested when he/she awakens.
☐	☐	My child enjoys at least one activity and/or interest.
☐	☐	My child joins in family activities.
☐	☐	My child's activities are supervised by adults I trust.

Ask the parent to respond to the following statements:

☐	☐	I am proud of my child.
☐	☐	I talk to my child about alcohol, drugs, smoking and sex.

Ask the child to respond to the following statements:

Yes	No	
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when I feel angry, stressed or frustrated.
☐	☐	I enjoy school

*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 CHIDLREN
PAGE 3 – WELL CHILD EXAM – EARLY ADOLESCENCE: 11 - 14 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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PARENT HANDOUT

Your Child's Health at 11 - 14 Years

Milestones
Ways your child is developing between 11 and 14 years of age.

- Most children get their second molars (back teeth) between 12 and 13. Talk with your dentist about sealants. Your child should floss daily.
- Between the ages of 10 and 14 many girls will begin to grow breasts and pubic hair and begin their periods.
- Between 10 and 14 many boys will begin to grow pubic hair and they may notice their scrotum and penis begin to change. Their voice may change and they may start to grow facial hair.
- Many boys and girls will have a growth spurt sometime between 10 and 15.
- Your child may have a hard time making good choices and may feel pushed to make bad choices so they feel like they fit in with kids at school.

For Help or More Information:

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

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

Child sexual abuse, physical abuse, information and support:

- Contact the Child Abuse and Neglect Information Hotline or Parents HELPline at 1-800-942-4357
- The Michigan Coalition Against Domestic & Sexual Violence at 1-517-347-7000 or online at www.mcadsv.org
- Childhelp National Child Abuse Hotline1-800-4-A-CHILD (1-800-422-4453) or online at www.childhelp.org

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

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

Children's Mental Health parent support and advocacy:
Contact the Association for Children's Mental Health (ACMH) at 1-888-ACMH-KID (226-4543) or online at www.acmh-mi.org

Churches or schools in your area may give classes on how to handle conflicts and/or anger. These can be useful skills for young teenagers.

Health Tips:

Growth happens at different times for everyone. This can worry a child. If your child has not begun to have growth changes by age 14 talk with the doctor.

Your child will need shots at this age. Talk with your child's doctor and make sure your child has had all of her shots.

Your child should have 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 and your child enjoy. This is an important habit for your child to learn.

It is important that your child eat healthy foods and snacks. Keep healthy snacks available. Your child needs fruit, vegetables, juice, and whole grains for growth and energy.

Parenting Tips:

Talk with your child about the changes in her body before and as the changes happen. Tell her these are signs of growing up and it can be exciting but can also be scary.

Your child may be more emotional and sometimes rude or angry. Sometimes he feels sad, nervous or worried and things may not be going right. Talk with your child about his feelings. Help him find a counselor if needed.

Talk with and let your child know that sexual feelings are normal, but to delay having sex.

Your child is growing mentally. You can help her thinking skills by asking her to solve problems.

Talk about why teenagers should not use drugs and alcohol. Set a good example for your child.

Teach your child how to deal with peer pressure.

Encourage your child to join school or sporting activities.

Safety Tips

Cigarettes, drugs and alcohol are often offered to teenagers. Practice "saying no" with your child.

Teach your child gun safety. If you keep guns or rifles in your home, make sure they are unloaded and locked up.

Teach your child to walk away if they see someone with a gun or other weapon and then report it to an adult they trust.

Teach your child to always wear a seatbelt in the car and to sit in the back seat until they are adult height and weight.

It's important for your child to use the correct sports equipment and safety gear. Make sure it fits your child well.

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