

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Current Medications</b>			<b>Drug/ Food Allergies</b>		<b>Accompanied By</b>		
<b>Age</b> □ M □ F	<b>Ht.</b>	<b>Wt.</b>	<b>BMI</b>	<b>BMI %ile</b>	<b>BP</b>	<b>Pulse</b>	<b>Interpreter: Y / N</b>
<b>Past Medical History</b>			<b>Risk Assessment/ HEEADSSS</b>				
Recent illness/injury: □ Yes □ No _____ Has a dental home: □ Yes □ No _____ Last dentist visit : _____ Menarche: Age _____ Regular □ Yes □ No _____			<b>HOME</b> Lives with: _____ Parent/teen interaction: □ NL _____ Family meals: □ Yes □ No Has family mbr/adult can turn to for help: □ Yes □ No <b>EDUCATION</b> Grade Level: _____ Performance □ NL _____ Future plans: □ Yes □ No <b>EATING</b> Balanced diet: □ Yes □ No Calcium: □ Yes □ No sugary drinks: □ Yes □ No Snack habits: □ NL _____ Body Image: □ NL _____ <b>ACTIVITIES</b> Friends: □ Yes □ No Hobbies: □ Yes □ No Involved in community: □ Yes □ No Exercises >60 mins/day □ Yes □ No Activities/sports: _____ Screen time <2hr/day □ Yes □ No <b>DRUGS</b> (substance use/abuse) Uses Tobacco/ETOH: □ Yes □ No _____ CRAFFT Screening: □ N/A □ NL <b>SAFETY</b> Dating violence: □ Yes □ No seat belt: □ Yes □ No tanning salon: □ Yes □ No Chat rooms: □ Yes □ No bullied/bullying: □ Yes □ No <b>SEX</b> Has had oral sex: □ Yes □ No Sexual intercourse: □ Yes □ No # partners: _____ Uses protection: □ Yes □ No Hx of STI: □ Yes □ No _____ <b>SUICIDE/MENTALHEALTH</b> Has self-confidence: □ Yes □ No problems with sleep: □ Yes □ No Gets depressed/anxious: □ Yes □ No Has thought about hurting self: □ Yes □ No PHQ-9 □ N/A □ NL _____				
<b>Parent / Teen Concerns:</b> _____ _____ _____ _____ _____ _____ <b>Identified Risks:</b> □ None _____ _____ _____ _____ _____							
<b>Physical Exam (checked □ = normal)</b>						<b>Abnormal Findings</b>	
□ <b>General</b> (Alert, NAD, +eye contact) □ <b>Head</b> (No deformities, symmetric) □ <b>Eyes</b> (PERRL, EOMI, + RR, lids NL, conjunctivae/sclera clear) □ <b>Ears</b> (Canals clear, TMs normal, orients to sounds, voice) □ <b>Nose</b> (Mucosa NL, patent) □ <b>Mouth/Throat</b> (MMM, lips NL, tongue NL no oral lesions, no erythema, thyroid NL) □ <b>Teeth</b> (Gums NL, dentition NL, no staining, caries or white spots)			□ <b>Heart</b> (No murmurs) □ <b>Lungs</b> (Clear breath sounds) □ <b>Abdomen</b> (Soft, non-tender, no masses) □ <b>Skin</b> (No rashes, no lesions, no acne) □ <b>Neuro</b> (Tone, symmetry, strength, & gait NL) □ <b>Extremities</b> (Full ROM, strength/tone NL) □ <b>Back</b> (No excessive curve) □ <b>Genitalia</b> Male (Penis NL: circ/uncir, no adhesions) Female (Labia/clitoris NL, no discharge) Tanner Stage: _____				
<b>Assessment</b>			<b>Anticipatory Guidance</b>				
□ Well child □ Normal growth and development			□ <b>Healthy Habits</b> (Brush teeth 2x/day, routine dentist visits, exercise daily, balanced diet, healthy snacks, limit screen time, adequate sleep) □ <b>Safety</b> (Bullying, sport helmets/ protective gear, seat belts, safe dating, abstinence/protected sex, tanning salons, steroid use, no guns) □ <b>Learning</b> (Help with homework, encourage, school & community involvement) □ <b>Behavior</b> (Sexuality/puberty, respect limits and consequences, coping with stress, seek help if feeling depressed/anxious)				
<b>Plan</b>							
□ Immunizations (See immunization record) □ Vision acuity: R ___/___ L ___/___ Both ___/___ □ Dental referral							

Next Appointment: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_