



**Pediatric Health Maintenance Flow Sheet
Adolescence 11 years – 20 years of age**

Patient's Name _____
 Patient's Date of Birth _____

Guidelines	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
Date										
History (initial and interim										
Immunization Review										
Height and Weight										
Blood Pressure										
Hearing Screen										
Vision Screen										
Developmental Assess.										
Dental Inspection										
Physical Examination										
Anticipatory Guidance										
Hematocrit/Hemoglobin (testing menstruating adol.)										
Injury Prevention										
Interpretive Conference										
Nutritional Assessment										
Urine Test										
Violence Prevention										
Cholesterol Testing (high risk patients)										
Diabetes (type 2)(high risk every two years)										
Tuberculin (TB) Test (high risk)										
Pelvic Exam(11-18 if sexually active, 18-20 yrly)										
STD Screening(all sexually active adol)										
Clinical Breast Exam										
Clinical Testicular Exam										