

PATIENT NAME	DOB	SEX	PARENT NAME
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Allergies	Current Medications
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Prenatal/Family History

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

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

Nutrition
 Grains _____ servings per day
 Vegetables _____ servings per day
 Fruits _____ servings per day
 Milk _____ servings per day
 Meat/Beans _____ servings per day

City water Well water Bottled water

Elimination
 Normal Abnormal

Sleep
 Normal Abnormal

Menstrual
 Premenarchal Normal Abnormal

Screening:
Hearing
 Screening audiometry, if not done previously
 Parental/child observation/concerns

Vision
 Visual acuity
 _____ R _____ L _____ Both
 Objective Screening (required at age 12)
 Parental/child observation/concerns

Procedures
If High Risk:
 IPPD _____ (result)
 Hct or Hgb _____ (result) (Required annually in menstruating females)
 Cholesterol _____ (result)
 STD Screening _____ (result)
 Pelvic Exam _____ (result)
 Urine Test _____ (result)

Immunizations:
 Immunizations Reviewed, Given & Charted – *if not given, document rationale*
 MCIR checked/updated

Next Well Check: _____ years of age

Developmental Questions and Observations on Page 2

Provider Signature:

Patient Unclothed Y N

Review of Systems	Physical Exam		Systems
	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
 Dental
 Transportation
 Other _____
 Other _____

Anticipatory Guidance/Health Education
 (✓ if discussed)

Healthy and Safe Habits
 Avoid alcohol, tobacco, drugs, inhalants
 Limit TV, video, and computer games
 Ensure physical activity & adequate sleep

Injury and Illness Prevention
 Seat belt use
 Swimming/Water Safety
 Use bike helmet/protective sporting gear
 Gun and weapon safety

Mental Health
 How to handle feeling sad/angry/fearful
 How to handle stress & disappointment

Nutrition
 Healthy Weight
 Teach nutritious and healthy food choices

Oral Health
 Schedule dental appointment
 Brush and floss teeth
 No smoking/chewing tobacco
 Limit sweets/soda

Sexual Development and Education
 Discuss puberty, development, contraception, STDs
 Normal sexual feelings/delaying sex
 Learn how to say no to sex

Social Competence & Responsibility
 Peer relationships
 Home, school, community rules
 Discuss chores & household responsibilities
 Discuss ways to handle anger/resolve conflict
 Participation w/social and school activities

Family Support and Relationships
 Eat meals as a family
 Spend family time together
 Encourage positive interaction with siblings, teachers and friends
 Discuss parental limits and consequences

School & Community Interaction
 Discuss school transitions & ability to adapt
 Look for and pursue talents & interests
 Encourage participation with peer activities
 Encourage to volunteer/participate with religious, school or community activities

WELL CHILD EXAM-EARLY ADOLESCENCE: 11-14 Years

DATE	PATIENT NAME	DOB
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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: _____

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:

Firearm safety:

Call 1-202-662-0600 or go to www.safekids.org.

Domestic Violence hotline:

National Domestic Violence Hotline - (800) 799-SAFE (7233).

Child sexual abuse, physical abuse, information and support:

Contact the Child Abuse and Neglect Information Hotline at 1-800-942-4357 or the Michigan Coalition Against Domestic & Sexual Violence at 1-517-347-7000.

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:

www.teenwire.com

Children's Mental Health parent support and advocacy:

Contact the Association for Children's Mental Health (ACMH) at 1-888-ACMH-KID.

Churches or schools 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 they have not begun to have growth changes by age 14 talk with the doctor.

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

Your child needs exercise in addition to physical education classes during school.

It is important that your child eat healthy foods and snacks.

Parenting Tips:

Talk with your child about the changes in their body before and as the changes happen. Tell them 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 they feel sad, nervous or worried and things may not be going right. Talk with your child about his/her feelings. Help find him/her 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 his/her thinking skills by asking him/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.

Talk with your child about their interests and activities.

Safety Tips

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

Teach your child gun safety. They should never play around with guns. . 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.