Tennessee Chapter of the
American Academy of Pediatrics
Tennessee Pediatric Society

DEDICATED TO THE HEALTH OF ALL CHILDREN™

11 to 14 Year Visit

Date_____

Name _____ Birth Date_____ Age_____ Mem#_____

Historian _____ Allergies _____ Medications _____

Weight _____ lbs. Height _____in. BMI _____ BP _____ Temp._____ T O

Interval History/New Problems
Changes in family history?* No Yes

_____

FH heart disease < 55 No Yes
FH ↑ cholesterol No Yes
Are there any new problems or illnesses since the last visit? No Yes

_____

Nutrition
Low fat milk? yes no
Variety of fruits, vegetables? yes no
Eats breakfast? yes no
Eats supper with family? yes no

Developmental/Behavioral
Do you have any concerns about your child's development or behavior?

No Yes _____

_____

School Grade _____
Problems? yes no

_____
Developmental/Behavioral Assessment*
normal abnormal
Do you have any problems seeing or hearing? _____

Hearing (Age 12, 15 or every 3 years)
Hearing screen normal abnormal
Date _____

Vision (Age 12, 14 or every 2 years)
L near 20/_____ far 20/ _____

R near 20/ _____ far 20/ _____
❑ Wears glasses, sees eye specialist

TB Risk Factors* yes no
IPPD result (if at risk)_____

Lab Tests (date if done previously)
Hgb _____
At 14 yrs. or annually post menarche
Cholesterol _____
Every 5 yrs. if risk factors* and previously normal.
Urinalysis (At age 5 & 15 or if risk factors)
❑ see back for results
STD Screening (if at risk)
❑ see back for results
* see separate form

Physical Exam
undressed : yes no √= nl X = abnl

General	❑
Head	❑
Neck	❑
Eyes	❑
Ears	❑
Nose	❑
Throat/Mouth/Teeth	❑
Chest	❑
Breasts/Tanner Stage	_____
Lungs	❑
Heart	❑
Abdomen	❑
Femoral Pulses	❑
Genitalia/Tanner Stage	_____
Female ❑ Male	❑
Skin	❑
Neuro	❑
Pelvic (if risk factors)	❑
Extremities	❑
Spine	❑

Musculoskeletal Exam

Shoulder/arm	❑
Elbow/forearm	❑
Wrist/hand/fingers	❑
Hips/thigh	❑
Knee	❑
Leg/ankle	❑
Foot/toes	❑

Safety
- ☐ Smoke detectors
- ☐ No smoking in home
- ☐ Firearm safety
- ☐ Buckle up!
- ☐ Sunburn prevention

Health/Nutrition
- ☐ Low fat milk and snacks
- ☐ Healthy food choices
- ☐ Adequate sleep
- ☐ Brush teeth, see dentist
- ☐ Encourage sports, exercise

Social/Behavioral
- ☐ School adjustment, performance
- ☐ Sports and hobbies
- ☐ Limit TV, computer games
- ☐ Give choices
- ☐ Set limits, provide consequences
- ☐ Managing stress, anger
- ☐ Say no to alcohol, drugs, tobacco
- ☐ Puberty changes and ? about sex
- ☐ Family relationships
- ☐ Friends, boy/girl friends
- ☐ Abstinence, birth control

Impression
- ☐ Well Child/Adolescent
- ☐ Normal growth
- ☐ Normal development
- ☐ _____
- ☐ _____
- ☐ _____

Plan/Referrals
- ☐ Immunizations current yes no
- ☐ Tdap, MMR, Hep B, Hep A, MCV4, HPV, Varicella
- ☐ Influenza vaccine
- ☐ V.I.S./Counseling
- ☐ Dental referral
- ☐ RTC at _____ years
- ☐ Handouts _____
- ☐ _____
- ☐ _____
- ☐ _____

_____ MD/_____

☐ See back for additional documentation

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