Tennessee Chapter of the
American Academy of Pediatrics
Tennessee Pediatric Society

DEDICATED TO THE HEALTH OF ALL CHILDREN™

15 to 20 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 your 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

School Grade _____
Problems? yes no

_____

_____

Developmental/Behavioral Assessment*
Normal Abnormal

Do you have any problems seeing or hearing? _____

Hearing (age 15 and 18 or every 3 years)
Hearing screen normal abnormal
Date _____

Vision (test q. 2 years) date _____
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

Hgb _____
At 14 years or annually post menarche

Cholesterol _____
Every 5 yrs. if risk factors* and previously normal.
Urinalysis (at age 15 or if risk factors)
☐ see back for results
STD screening, PAP (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

☐ Driving and automobile safety
☐ Smoke detectors
☐ Firearm safety
☐ Sunburn prevention, tanning beds

Health/Nutrition

☐ Healthy food choices, Ca++ intake
☐ Concerns about weight, body image
☐ Periods (girls) LMP_____
☐ Breast/Testicular Self Exam
☐ Adequate sleep
☐ Encourage sports, exercise

Social/Behavioral

☐ School adjustment, performance
☐ Plans for work and further education
☐ Tobacco use
☐ Drug and alcohol use
☐ Dealing with stress, anger
☐ Friends and fun
☐ Abstinence, birth control
☐ STDs
☐ Family relationships

Impression

☐ Well Adolescent
☐ Normal growth
☐ Normal development

☐ _____

☐ _____

☐ _____

Plan/Referrals

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

☐ _____

☐ _____

☐ _____

_____ MD_____

☐ See back for additional documentation
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