

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken \_\_\_\_\_ Interpreter Name \_\_\_\_\_

Date: \_\_\_\_\_

**9 - 10 - 11 - 12 YEARS**

<b>NURSING INTAKE</b>							
Height:	Weight:	BMI:	BMI%:	BP:	Temp.:	Pulse:	Resp.:
Allergies:					Growth Charts Completed [ ]		
Abuse: Witness or victim:					Notes:		
Alternate health care provider:					MA Signature		

<b>INTERVAL HISTORY (indicate alone or with parent)</b>	Illnesses, stomach, headache:
Diet:	Meds/Vits.: LMP:
Appetite:	Weight loss/gain:
Physical Activity:	Fatigue, nightmares, enuresis, depression:
Exposure to tobacco smoke:	Accidents: Seeing dentist: Yes / No
Tobacco/alcohol/drug use:	Family history: HTN, heart disease, high cholesterol, DM, asthma
Sexual activity:	Menarche: TB risk: Yes / No

**GROWTH/SCHOOL PROGRESS:** Physical activity: \_\_\_\_\_ **Risk questions for 12 year olds need to be asked.**  
 Achievement, sports, peer relationships (a best friend?), school vision or hearing problem, attendance:

**PATIENT/PARENTAL CONCERNS;**

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<b>PHYSICAL EXAMINATION</b>			
General Appearance [ ]	Well nourished and developed	Breast (female) [ ]	No masses, Tanner stage I II III IV V
	No abuse/neglect evident	Lungs [ ]	Clear to auscultation bilaterally
Head [ ]	No lesions	Abdomen [ ]	Soft, no masses, liver & spleen normal
Eyes [ ]	PERRL, conjunctivae & sclerae clear	Genitalia [ ]	Grossly nl, Tanner stage I II III IV V
	Vision grossly normal	Male [ ]	Circ./uncirc. [ ] Testes in scrotum
Ears [ ]	Canals Clear, TMs normal	Female [ ]	No lesions, nl external appearances
	Hearing grossly normal	Femoral pulses [ ]	Normal
Nose [ ]	Passages clear, MM pink, no lesions	Extremities [ ]	No deformities, full ROM
Teeth [ ]	Grossly normal, no cavities	Lymph nodes [ ]	Not enlarged
Neck [ ]	Supple, no masses, thyroid not enlarged	Back [ ]	No scoliosis
Chest [ ]	Symmetrical	Skin [ ]	Clear, no significant lesions
Heart [ ]	No organic murmurs, regular rhythm	Neurologic [ ]	Alert, no gross sensory or motor deficit

**ASSESSMENT:**

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**PLAN:**

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**ORDERS:** [ ] Vaccine reactions, risks and follow-up explained / VIS sheet given.

[ ] Hep B (if not up to date)	[ ] Hep A (if not up to date)	[ ] Rx for fluoride .50/1.0 mg QD till age 14
[ ] MMR (if not up to date)	[ ] HIV test (counsel if at risk)	[ ] HCT (Yearly if menstruating)
[ ] Varicella (if not up to date or history date documented)	[ ] MCV4 (11-12 years)	[ ] Vision screening (objective 9,10,12 years)
[ ] Td/Tdap (if not up to date)	[ ] MCV4 (11-12 years)	[ ] Audiometry (Objective 9,10, 12 years)
[ ] Immunization Registry Entry	[ ] GC, Chlamydia, VDRL (if sexually active)	[ ] Influenza vaccine (check recommendations)
[ ] UA (Once between 11-21)	[ ] Lipid Profile (if high risk)	[ ] Dental Referral given
[ ] Rx. For Folic acid .4 mg qd. (if female)		
[ ] HPV		

**ANTICIPATORY GUIDANCE: Circle if discussed**  
 Diet: Limit sweets, sodium, and fat (esp. sat. & chol.), snacks, balanced meals, physical activity.  
 Injury & Violence prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.  
 Guidance: Bed time, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education  
 puberty, abstinence, regular exercise – 3 times a week, health decisions, TV, school, fun, friends, UV light protection,  
 brushing teeth, dentist yearly, sexual abuse, and violence protection, seat belts, sun screen.

[ ] Refer to appropriate agency.  
 [ ] Refer to drug/ ETOH rehab, stop smoking class, OB/Gyn service, mental health or other \_\_\_\_\_

Next appointment: [X] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_