

Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

17 - 18 - 19 - 20 YEARS

NURSING INTAKE			
Height:	Weight:	BMI:	BMI%:
Allergies:		BP:	Temp.:
Abuse: Witness or Victim:		Pulse:	Resp.:
Alternate health care provider:		Advance Directive Education after 18 yrs : Yes / No	
INTERVAL HISTORY: (indicate alone or with parent)		Notes:	
Diet:		MA Signature	
Appetite:		Meds/Vits.:	LMP:
Tobacco/alcohol/drug use:		Weight loss/gain:	Menarche:
Physical activity:		Illnesses, stomach, headache, fatigue, depression:	
Sexual activity:		Accidents:	Seeing dentist: Yes / No
		Family history: HTN, heart disease, high cholesterol, DM, asthma	
		Exposure to tobacco smoke:	TB Risk: Yes / No
GROWTH/SCHOOL PROGRESS: Physical activity: _____ Risk questions should be asked.			
Achievement, sports, peer relationships, attendance, hobbies, after high school plans, school or vision or hearing problems:			
PARENTAL/PATIENT CONCERNS:			
PHYSICAL EXAMINATION			
General Appearance []	Well nourished and developed	Breast (female) []	No masses, Tanner stage I II III IV V
Head []	No abuse/neglect evident	Lungs []	Clear to auscultation bilaterally
Eyes []	PERRL, conjunctivae & sclerae clear	Abdomen []	Soft, no masses, liver & spleen normal
Ears []	Vision grossly normal	Genitalia []	Grossly nl, Tanner stage I II III IV V
	Canals Clear, TMs normal	Male []	Circ./uncirc. [] Testes in scrotum
	Hearing grossly normal	Female []	No lesions, nl external appearances
Nose []	Passages clear, MM pink, no lesions	Pap []	Done or (if done elsewhere)
Teeth []	Grossly normal, no cavities		Dr.: _____ Date: _____
Neck []	Supple, no masses, thyroid not enlarged	Femoral pulses []	Normal
Chest []	Symmetrical	Extremities []	No deformities, full ROM
Heart []	No organic murmurs, regular rhythm	Lymph nodes []	Not enlarged
		Back []	No scoliosis
		Skin []	Clear, no significant lesions
		Neurologic []	Alert, no gross sensory or motor deficit
ASSESSMENT:			
PLAN:			
ORDERS: [] Vaccine reactions, risks and follow-up explained / VIS sheets to be given.			
[] HCT (yearly if menstruating)	[] Folic Acid .4 mg qd (ordered if female)	[] UA (yearly)	[] Lipid profile (if high risk)
[] Influenza vaccine (check recommendations)	[] Nutritional Assessment	[] Immunizations (if not up to date)	[] Dental Referral given
[] PPD (if at risk)	[] HPV (if not up to date)	[] Immunization registry entry	[] Meningoccal (for college)
[] Vision screening (objective 18 years)	[] Pap, GC, Chlamydia, VDRL (if sexually active)	[] Audiometry (objective 18 years)	[] Counsel re: HIV (test if at risk)
STOP SMOKING: [] Advise smoker to quit [] Discuss smoking cessation medication [] Discuss smoking cessation strategies			
ANTICIPATORY GUIDANCE: Circle if discussed			
Correct diet: Obesity, eating disorders, and junk food, physical activity. Breastfeeding. Transitioning to adult provider.			
Accident prevention: Seat belt use, Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety.			
Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, suicidal ideation, puberty progress, sex education (partner selection, condoms, contraception, AIDS risk factors), goals in life, regular exercise, sun screen, family, social interaction, communications, personal development, independence, breast self exam, testicular, self exam, academic or work plans.			

[] 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 _____