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GENERAL PEDIATRIC CLINIC / TEENAGER VISIT

(See Page 2 for Teenager Visit additional exams)

Completion of this form is voluntary.

Patient Name			Date of Birth	Today's Date		
Age	Sex	Height	Weight	BMI		
T	BP	P	R			
Chief Concerns		Past Medical History General Health / Illnesses				
Family Constellation and Concerns Household Members Concerns: (Employment, Separation, Divorce, Family Relations)		Allergies				
		Medications				
		Hospitalizations				
		Surgeries				
		Injuries / Burns / Fractures				
		Dental Care				
		Immunizations				
Family Medical History		Sexual History (If appropriate)				
Asthma Cancer CVI / MI Before 60 years High Cholesterol / Triglycerides Depression / Psychiatric Illness Diabetes HTN Renal Sickle Cell Anemia Substance Abuse / Alcoholism Sudden Death (Age) Tuberculosis (TB)		Dating o Ye s o No				
		Sexually Active o Ye s o No				
		Age at First Intercourse _____				
		STDs				
		Pregnancies _____	Ab _____	Children _____		
		Fathered a Child o Ye s o No				
		Contraceptive Use o Ye s o No				
		Methods _____				
		School History		Menstrual History		
		School Failed a Grade Attitude Towards School Goals / Career Absences in Past Year Plan to Drop Out This Year		Menarche _____ LMP _____		
Regular Periods o Ye s o No						
Cycle Length						
		Flow D uration				
		Tampons Pads				
		Dysmenorrhea Meds				
Social		Anticipatory Guidance				
Activities / Hobbies Job Sports / Exercise Diet High / Low Weight in Past Year Peer Relations Dating Sleep Pattern Substance Use (Own and Friends) Cigarettes Alcohol Drugs		Breast / Testicular Self Exam				
		Decision Making				
		Sexuality Issues				
		Birth Control				
		Parenting				
		Future Plans				
		Nutrition				
		Coping Skills				
		Mood Changes / Depression				
		Stress / Relief Activities				
		Safety				
		Driving / Seat Belts / Bike Helmet				
		Guns / Personal Security				
		Sun Protection				
Immunization	Drug Co. and Lot. No.	Expiration Date				

Continued

Note – Present (+) or Absent (-) as Appropriate
(Cross off parts not examined or not applicable)

Physical Exam	N	Abn	Physical Exam	N	Abn
Skin: Acne-Comedones / Pustular / Nodular			Genitourinary Tanner Stage 1, 2, 3, 4, 5		
Head: Symmetry, Scalp, Hair			Hernia		
Eyes: EOM, Pupils, Cornea, Conjunctive			Penis		
Ears: Pinnae, Canals, Tympanic Membrane			Tes tes		
Nose: Nares, Turbinates			Scrotum		
Throat: Pharynx, Tonsils			Pelvic		
Neck: Movements, Thyroid			Ext. Genitalia		
Nodes: Axillary, Cervical, Inguinal, Submandibular			Cervix		
Breast: Tanner Stage — 1, 2, 3, 4, 5			Adnexa		
Development Masses			Uterus		
Habits: Nail biting, tics, etc.			Lab / Saline / Gram Strain		
Neuromuscular: Equilibrium, Motor Strength, Sensory, Coordination, Cranial Nerves, DTRs, Babinski			Gynecomastia (m)		
			Extremities: (Gait, Range of Motion of Joints)		
			Anus (Rectal)		
Spine: Posture, Hip and Shoulder Levels			Sexual Development		
Lungs:					
Heart: Rhythm, S1, S2 Murmur					
Abdomen: Contour, LSK, Mass					

Assessment: (Synopsis, health promotion, description of abnormal findings.)

Plan: (Treatment, education/counseling, referral)

Laboratory	Immunizations
Urinalysis dT	Status
Hgb / Hct	TB Screen
STD panel	MMR Status
Pap smear	Hepatitis B
Rubella titer	
Cholesterol	
Other	

SIGNATURE — Provider

Date Signed