13 to 21 Year Child Health Check-Up Tracking Form

PLEASE PRINT

PERSONAL

☐ **Periodic** ☐ **Interperiodic** ☐ **Parent/Caregiver Request**

NAME (Last) (First)	ID	DATE OF BIRTH

DATE	AGE	ACCOMPANIED BY	RELATIONSHIP

INTERVAL HISTORY

PAST MEDICAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
DEVELOPMENTAL HISTORY WNL ☐ YES ☐ NO (IF NO, DESCRIBE)
BEHAVIORAL HEALTH STATUS WNL ☐ YES ☐ NO (IF NO, DESCRIBE)

NUTRITIONAL ASSESSMENT

WNL ☐ YES ☐ NO (IF NO, DESCRIBE) ☐ FLUORIDE ☐ REFERRED

PHYSICAL EXAM

HEIGHT	WEIGHT	BLOOD PRESSURE

Are the following normal?

	YES	NO	COMMENTS
Appearance			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat/Teeth/Gums			☐ DENTAL REFERRAL AGE 3 AND UP REQUIRED
Nodes			
Heart			
Lungs			
Abdomen			
Fem. Pulse			
Ext. Gen.			**Tanner Staging:**
Extremities			
Spine			
Neuro			
Other			

LAB TESTS

☐ Hgb/Hct _____ (9 mo, adolescent females & as indicated) ☐ OTHER (specify, as indicated)

SENSORY SCREEN

NORMAL VISION? ☐ YES ☐ NO ☐ REFERRED RESULTS: RIGHT _____ LEFT _____ BOTH _____

NORMAL HEARING? ☐ NORMAL ☐ ABNORMAL (RIGHT _____ LEFT _____) ☐ REFERRED

DEVELOPMENT ASSESSMENT

IS DEVELOPMENT NORMAL FOR AGE AND CULTURE?
☐ YES ☐ NO ☐ REFERRED

IMMUNIZATIONS

☐ CURRENT ☐ DEFERRED ☐ PROVIDED: LIST

HEALTH EDUCATION, ANTICIPATORY GUIDANCE

☐ CAR/SEAT BELT SAFETY ☐ SEXUAL ED & STDs ☐ PHYSICAL ACTIVITY
☐ PREGNANCY PREVENTION ☐ NUTRITION ☐ COMM. AFFECTION
☐ MOTORCYCLE/ HELMET SAFETY ☐ SMOKING, ALCOHOL, DRUGS
☐ SCHOOL PERFORMANCE ☐ BREAST OR TESTICULAR SELF-EXAM

DIAGNOSIS:

PLAN:

SIGNATURE: