

# Well Adolescent | 15 Through 17 Year Visits

|                              |             |                     |            |                    |             |      |          |
|------------------------------|-------------|---------------------|------------|--------------------|-------------|------|----------|
| Accompanied By:              |             | Preferred Language: |            | Date/Time:         | Name:       |      |          |
| Weight (%):                  | Height (%): | BMI (%):            | BP (%):    | ID Number:         |             |      |          |
| Vitals (if indicated): Temp: |             | HR:                 | Resp Rate: | SpO <sub>2</sub> : | Birth Date: | Age: | Sex: M F |

## HISTORY

**Concerns and Questions:**  None

**Interval History:**  None

**Medical History:**  Adolescent has special health care needs.

Areas reviewed and updated as needed

- Past Medical History (See Initial History Questionnaire.)
- Surgical History (See Initial History Questionnaire.)
- Problem List (See Problem List.)

**Medications:**  None

Reviewed and updated (See Medication Record.)

**Allergies:**  No known drug allergies

**Nutrition:**  Daily fruits and vegetables

Iron source: \_\_\_\_\_

Calcium source: \_\_\_\_\_

Comments:

Body image:  No concerns \_\_\_\_\_

Attempting to gain or lose weight:  No  Yes: \_\_\_\_\_

**Females:** Menarche age: \_\_\_\_\_ Regular:  Yes  No: \_\_\_\_\_

Menstrual problems:  No  Yes:

**Dental Home:**  No  Yes: \_\_\_\_\_  Regular visits

Brushing twice daily:  Yes  No: \_\_\_\_\_

**Sleep:**  No concerns

**Physical Activity:**

Exercise (60 min/d):  Yes  No: \_\_\_\_\_

Screen time: h/d: \_\_\_\_\_

Family media use plan discussed:  Yes  No

**School:** Grade: \_\_\_\_\_ IEP/504/behavior plan:  Yes  No  NA

Performance:  NL \_\_\_\_\_

Parent/teacher concerns:  None

**Activities:**

**Employment:**  None  Currently working: \_\_\_\_\_

**Tobacco, alcohol, and drug use:**  None

**Sexual Orientation/Gender Identity:**

**Sexual Activity:**  Denies

**Mood:**  No concerns

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The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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**DEVELOPMENT**

= Normal development     See Previsit Questionnaire.

- Forms caring, supportive relationships with family members, other adults, and peers
- Engages in behaviors that optimize wellness and contribute to a healthy lifestyle
  - Engages in healthy nutrition and physical activity behaviors
  - Chooses safety
- Engages in a positive way with the life of the community
- Exhibits compassion and empathy
- Exhibits resilience when confronted with life stressors
- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Uses independent decision-making skills
- Displays a sense of self-confidence, hopefulness, and well-being

Concerns: \_\_\_\_\_

**SOCIAL AND FAMILY HISTORY**

Areas reviewed and updated as needed (See Initial History Questionnaire.):     Social History     Family History

Changes since last visit: \_\_\_\_\_  No interval change

Smoking household:     No     Yes: \_\_\_\_\_    Firearms in home:     No     Yes: \_\_\_\_\_

Adolescent lives with: \_\_\_\_\_

Relationships with parents/siblings: \_\_\_\_\_

**REVIEW OF SYSTEMS**

A 10-point review of systems was performed and results were negative except for any positive results listed below.

**Bold** = Focus area for this Bright Futures Visit

- Constitutional: \_\_\_\_\_    **Respiratory:** \_\_\_\_\_    **Skin:** \_\_\_\_\_
- Eyes:** \_\_\_\_\_    **Gastrointestinal:** \_\_\_\_\_    **Neurological:** \_\_\_\_\_
- Head, **Ears, Nose, and Throat:** \_\_\_\_\_    **Genitourinary:** \_\_\_\_\_    Other: \_\_\_\_\_
- Cardiovascular:** \_\_\_\_\_    **Musculoskeletal:** \_\_\_\_\_    Other: \_\_\_\_\_

**PHYSICAL EXAMINATION**

= System examined    **Bold** = Focus area for this Bright Futures Visit  
 Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

- General:** Well-appearing adolescent. **Normal BMI and BP for age.** \_\_\_\_\_
- Eyes:** Pupils equal, round, and reactive to light. Extraocular eye movements intact. Normal fundoscopic examination findings. \_\_\_\_\_
- Ears, nose, mouth, and throat:** Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without visible caries.
- Neck:** Supple, with full range of motion and no significant adenopathy. \_\_\_\_\_
- Heart:** Regular rate and rhythm. No murmur. \_\_\_\_\_
- Respiratory:** Breath sounds clear bilaterally. Comfortable work of breathing. \_\_\_\_\_
- Abdomen:** Soft, with no palpable masses. \_\_\_\_\_
- Genitourinary:**
  - Normal female external genitalia. \_\_\_\_\_
  - Normal male external genitalia. **No hydrocele, hernia, varicocele, or masses. No gynecomastia.**

**Sexual Maturity Rating**

- Female:** Breast development SMR \_\_\_\_\_, pubic hair SMR \_\_\_\_\_
- Male:** Testicular development SMR \_\_\_\_\_, pubic hair SMR \_\_\_\_\_
- Musculoskeletal:** Spine straight without significant scoliosis or kyphosis. Full range of motion. \_\_\_\_\_
- Neurological:** Normal gait. Normal strength and tone. \_\_\_\_\_
- Skin:** Warm and well perfused. **No acanthosis nigricans. No atypical nevi. No signs of self-injury.** No lesions or birthmarks. \_\_\_\_\_

**ASSESSMENT**

- Well adolescent     Normal BMI percentile for age     Normal BP for age

**ANTICIPATORY GUIDANCE**

- Discussed and/or handout given
- SOCIAL DETERMINANTS OF HEALTH**
- Interpersonal violence
  - Living situation and food security
  - Family substance use
  - Connectedness with family, peers, and community
  - School performance
  - Coping with stress and decision-making
- DEVELOPMENT AND MENTAL HEALTH**
- Family rules and routines, concern for others, and respect for others
  - Patience and control over anger
- PHYSICAL GROWTH AND DEVELOPMENT**
- Oral health
  - Body image
  - Healthy eating
  - Physical activity and sleep
- EMOTIONAL WELL-BEING**
- Mood regulation and mental health
  - Sexuality
- RISK REDUCTION**
- Pregnancy and sexually transmitted infections
  - Tobacco, e-cigarettes, alcohol, and prescription or street drugs
  - Acoustic trauma
- SAFETY**
- Seat belt and helmet use
  - Sun protection
  - Firearm safety
  - Substance use and riding in a vehicle

**PLAN**

**Immunizations:**  Vaccine Administration Record reviewed    Administered today: \_\_\_\_\_     Up-to-date for age

**Universal Screening:**

- Depression screening (annually): Screening tool used: \_\_\_\_\_ Result:  Neg  Pos: \_\_\_\_\_
- Tobacco, alcohol, and drug use (annually): Screening tool used: \_\_\_\_\_ Result:  Neg  Pos: \_\_\_\_\_
- Dyslipidemia (once between 17 and 21):  Complete age: \_\_\_\_ Result:  Within reference range  Abnormal: \_\_\_\_\_ Follow-up: \_\_\_\_\_
- Hearing (once between 15 and 17):  Complete age: \_\_\_\_ Result:  Normal hearing BL  Abnormal: \_\_\_\_\_ Follow-up: \_\_\_\_\_
- HIV (once between 15 and 18):  Completed age: \_\_\_\_ Result:  Neg  Pos: \_\_\_\_\_
- Vision (once age 15): Result:  Normal vision for age  Abnormal: \_\_\_\_\_ Follow-up: \_\_\_\_\_

**Selective Screening** (based on risk assessment) (See Previsit Questionnaire.):

- Anemia     Dyslipidemia     Hearing     HIV     Sexually transmitted infections     Tuberculosis     Vision

Comments/results:

**Follow-up:**

- Routine follow-up in 1 year     Next visit: \_\_\_\_\_     Referral to: \_\_\_\_\_

| PRINT NAME. | SIGNATURE |
|-------------|-----------|
| Provider 1  |           |
| Provider 2  |           |

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*