

Well Young Adult | 18 Through 21 Year Visits

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

HISTORY

Concerns and Questions: None

Interval History: None

Medical History: Young adult 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

American Academy of Pediatrics

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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
- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Exhibits compassion and empathy
- Exhibits resilience when confronted with life stressors
- 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: _____

Young adult 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 young adult. **Normal BMI and BP.** _____

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 deformities. No significant scoliosis. 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 or abuse. No hirsutism.** _____

ASSESSMENT

- Well young adult Normal BMI Normal BP

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
 - Transition to adult care
 - 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
 - Driving and substance use
 - Firearm safety

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: _____
- Cervical dysplasia (women age 21): Result: Neg Pos: _____
- HIV (once between 15 and 18): Completed age: _____ Result: Neg Pos: _____

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*