

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_  
 Language Spoken: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**17 - 18 - 19 - 20 YEARS**

<b>NURSING INTAKE</b>							
Height:	Weight:	BMI:	BMI%:	BP:	Temp.:	Pulse:	Resp.:
Allergies:					Advance Directive education after 18 yrs : Yes / No		
Abuse: Witness or victim:					Notes:		
Alternate health care provider:					MA signature:		

<b>INTERVAL HISTORY:</b>	<b>( indicate alone or with parent )</b>	Meds/Vits.:	LMP:
Diet:		Weight loss/gain:	Menarche:
Appetite:		Illnesses, stomach, headache, fatigue, depression:	
Tobacco/alcohol/drug use:		Accidents:	Seeing dentist: Yes / No
Physical activity:		Family history: HTN, heart disease, high cholesterol, DM, asthma	
Sexual activity:		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:**

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<b>PHYSICAL EXAMINATION</b>		Breast (female) [ ]	No masses, Tanner stage I II III IV V
General Appearance [ ]	Well nourished and developed	Lungs [ ]	Clear to auscultation bilaterally
	No abuse/neglect evident	Abdomen [ ]	Soft, no masses, liver & spleen normal
Head [ ]	No lesions	Genitalia [ ]	Grossly nl, Tanner stage I II III IV V
Eyes [ ]	PERRL, conjunctivae & sclerae clear	Male [ ]	Circ./uncirc. [ ] Testes in scrotum
	Vision grossly normal	Female [ ]	No lesions, nl external appearances
Ears [ ]	Canals clear, TMs normal	Pap [ ]	Done or _____ (if done elsewhere)
	Hearing grossly normal	[ ]	Dr.: _____ Date: _____
Nose [ ]	Passages clear, MM pink, no lesions	Femoral pulses [ ]	Normal
Teeth [ ]	Grossly normal, no cavities	Extremities [ ]	No deformities, full ROM
Neck [ ]	Supple, no masses, thyroid not enlarged	Lymph nodes [ ]	Not enlarged
Chest [ ]	Symmetrical	Back [ ]	No scoliosis
Heart [ ]	No organic murmurs, regular rhythm	Skin [ ]	Clear, no significant lesions
		Neurologic [ ]	Alert, no gross sensory or motor deficit

**ASSESSMENT:**

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**PLAN:**

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**ORDERS:**

[ ] HCT (yearly if menstruating)	[ ] Vaccine reactions, risks and follow-up explained / VIS sheets to be given.
[ ] UA (yearly)	[ ] Folic acid .4 mg qd (ordered if female)
[ ] Influenza vaccine (check recommendations)	[ ] Lipid profile (if high risk)
[ ] Immunizations (if not up to date)	[ ] Nutritional assessment
[ ] PPD (if at risk)	[ ] Dental referral given
[ ] Immunization registry entry	[ ] HPV (if not up to date)
[ ] Vision screening (objective 18 years)	[ ] Meningoccal (for college)
[ ] Audiometry (objective 18 years)	[ ] Pap, GC, Chlamydia, VDRL (if sexually active)
	[ ] 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 [ ] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_