

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Actual Age: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

Date: \_\_\_\_\_

**9 - 10 - 11 - 12 YEARS**

**NURSING INTAKE**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ BMI%: \_\_\_\_\_ BP: \_\_\_\_\_ Temp.: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp.: \_\_\_\_\_

Allergies: \_\_\_\_\_ Growth charts completed [ ]

Abuse: Witness or victim: \_\_\_\_\_ Notes: \_\_\_\_\_

Alternate health care provider: \_\_\_\_\_ MA signature: \_\_\_\_\_

**INTERVAL HISTORY (indicate alone or with parent)**

Diet: \_\_\_\_\_ Illnesses, stomach, headache: \_\_\_\_\_  
Meds/Vits.: \_\_\_\_\_ LMP: \_\_\_\_\_

Appetite: \_\_\_\_\_ Weight loss/gain: \_\_\_\_\_

Physical activity: \_\_\_\_\_ Fatigue, nightmares, enuresis, depression: \_\_\_\_\_

Exposure to tobacco smoke: \_\_\_\_\_ Accidents: \_\_\_\_\_ Seeing dentist: Yes / No

Tobacco/alcohol/drug use: \_\_\_\_\_ Family history: HTN, heart disease, high cholesterol, DM, asthma

Sexual activity: \_\_\_\_\_ Menarche: \_\_\_\_\_ TB risk: Yes / No

**GROWTH/SCHOOL PROGRESS:** Physical activity: \_\_\_\_\_ **Risk questions for 12 year olds need to be asked.**

Achievement, sports, peer relationships (a best friend?), school vision or hearing problem, attendance: \_\_\_\_\_

**PATIENT/PARENTAL CONCERNS:**

**PHYSICAL EXAMINATION**

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

**ASSESSMENT:**

**PLAN:**

**ORDERS:**

[ ] Vaccine reactions, risks and follow-up explained/VIS sheet given.  
 [ ] Hep B (if not up to date) [ ] Hep A (if not up to date) [ ] Rx for fluoride .50/1.0 mg QD till age 14  
 [ ] MMR (if not up to date) [ ] HIV test (counsel if at risk) [ ] HCT (Yearly if menstruating)  
 [ ] Varicella (if not up to date or history date documented) [ ] Vision screening (objective 9, 10, 12 years)  
 [ ] Td/Tdap (if not up to date) [ ] MCV4 (11-12 years) [ ] Audiometry (Objective 9, 10, 12 years)  
 [ ] Immunization Registry Entry [ ] GC, Chlamydia, VDRL (if sexually active)  
 [ ] UA (Once between 11-21) [ ] Influenza vaccine (check recommendations)  
 [ ] Rx. For Folic acid .4 mg qd. (if female) [ ] Lipid Profile (if high risk)  
 [ ] HPV [ ] Dental Referral given

**ANTICIPATORY GUIDANCE: Circle if discussed**

Diet: Limit sweets, sodium, and fat (especially sat. & chol.), snacks, balanced meals, physical activity.  
 Injury and violence prevention: bike helmet, water safety, car safety, smoke detector, storage of guns, drugs, toxic chemicals, matches.  
 Guidance: Bedtime, discipline, smoking, drug and ETOH avoidance education, family life education, early sex education  
 puberty, abstinence, regular exercise – 3 times a week, health decisions, TV, school, fun, friends, UV light protection,  
 brushing teeth, dentist yearly, sexual abuse and violence protection, seat belts, sun screen.

[ ] Refer to appropriate agency.  
 [ ] Refer to drug/ ETOH rehab, stop smoking class, OB/GYN service, mental health or other \_\_\_\_\_

Next appointment: [X] 1 year or \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_