Anthem Blue Cross and Blue Shield Medicaid

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Adolescent well-care assessment: ages 13 to 18 years

Name: **Date:**

DOB: **Sex:**

Wt: **Ht:** **BMI:** **T:** **P:** **R:** **BP:**

Interval history

Medications:

Allergies:

Illnesses/accidents/problems/concerns:

Physical exam	Normal/abnormal		Normal/abnormal		Normal/abnormal
General appearance	☐ ☐	Neurological	☐ ☐	Skin	☐ ☐
Reflexes	☐ ☐	Head	☐ ☐	Eyes	☐ ☐
Ears	☐ ☐	Nose/throat	☐ ☐	Mouth	☐ ☐
Teeth	☐ ☐	Heart	☐ ☐	Abdomen	☐ ☐
Back (scoliosis)	☐ ☐	Extremities	☐ ☐	Feet	☐ ☐

If abnormal, explain:

Questions for adolescent

Do you ever feel down and depressed?____

Do you smoke cigarettes, drink alcohol or use drugs? ____________ How often? ___________________________

Have you started having sex? ____________ Do you use birth control? _________ What kind? ___________________

How are things going at school/work? ____

Health education/anticipatory guidance

☐	Nutrition/weight control	☐	STD/HIV/AIDS	☐	Birth control
☐	Regular physical activity	☐	Smoking	☐	How to say no; abstinence
☐	Sex education/safe sex	☐	Diet pills, steroids	☐	Dental care
☐	Suicide/depression	☐	Adequate sleep	☐	Respect others
☐	Drugs/alcohol	☐	Normal sexual feelings	☐	Other_______________________

Notes/plans:

Next visit: **Provider signature:**

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