

# Well Child Exam



Early adolescence: 11-14 years

Date									
Patient name				DOB		Sex		Parent name	
Allergies					Current medications				
Prenatal/family history							Ethnicity		
Weight	Percentile	Height	Percentile	BMI	Percentile	Temp.	Pulse	Resp.	BP
	%		%		%				

**Interval history**  
(include injury/illness, visits to other health care providers, changes in family or home)

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**Nutrition**

Grains \_\_\_\_\_ servings per day  
 Vegetables \_\_\_\_\_ servings per day  
 Fruits \_\_\_\_\_ servings per day  
 Milk \_\_\_\_\_ servings per day  
 Meat/beans \_\_\_\_\_ servings per day  
 City water  Well water  
 Bottled water  Fluoride prescribed

**Elimination**

Normal  Abnormal

**Sleep**

Normal  Abnormal

**Menstrual**

Premenarchal  Normal  Abnormal

**Screening**

**Hearing**

Screening audiometry, if not done previously  
 Parental observation/concerns

**Vision**

Visual acuity \_\_\_R \_\_\_L \_\_\_Both  
 Parental/child observation/concerns

**Procedures**

If high risk:

IPPD \_\_\_\_\_ (result)  
 Hct or Hgb \_\_\_\_\_ (result - required annually in menstruating females)  
 Cholesterol \_\_\_\_\_ (result)  
 STD screening \_\_\_\_\_ (result)  
 Pelvic exam \_\_\_\_\_ (result)  
 Urine test \_\_\_\_\_ (result)

**Immunizations**

Immunizations reviewed, given & charted – if not given, document rationale  
 MCIR checked/updated  VIS given  
 Flu if high risk  Pneumonia if high risk

Developmental questions and observations on page 2

**Next Well Check: \_\_\_ years of age**

Provider signature:

Patient unclothed  Y  N

Review of symptoms		Physical exam		Systems
N	A	N	A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin/nodes/rash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/fontanel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oropharynx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gums/palate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart/pulses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities/hips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological

Normal growth and development  
 Tanner Stage \_\_\_\_\_  
 Abnormal findings and comments  
 If yes, see additional note area on next page

Results of visit discussed with child/parent  
 Y  N

**Plan**

History/problem list/meds updated  
 Referrals  
 Dental  Transportation  
 Children Special Health Care Needs  
 Priority Health Case Mgmt 800 998-1037  
 Other \_\_\_\_\_

**Anticipatory guidance/health education (✓ if discussed)**

**Healthy and safe habits**

Avoid alcohol, tobacco, drugs, inhalents  
 Limit TV, video and computer games  
 Ensure physical activity and adequate sleep

**Injury and Illness Prevention**

Seat belt use  
 Swimming/water safety  
 Use bike helmet/protective sporting gear  
 Gun and weapon safety

**Mental health**

How to handle feeling sad/angry/fearful  
 How to handle stress and disappointment

**Nutrition**

Healthy weight/body image/dieting (anorexia, bulimia)  
 Teach nutritious and healthy food choices

**Oral health**

Schedule dental appointment  
 Brush and floss teeth  
 No smoking/chewing tobacco  
 Limit sweets/soda

**Sexual development and education**

Discuss puberty, development, contraception, STIs, Chlamydia  
 Normal sexual feelings/delaying sex  
 Learn how to say no to sex

**Social competence and responsibility**

Peer relationships  
 Home, school, community rules  
 Discuss chores and household responsibilities  
 Discuss ways to handle anger/resolve conflict  
 Participation with social and school activities

**Family support and relationships**

Eat meals as a family  
 Spend family time together  
 Encourage positive interaction with siblings, teachers and friends  
 Discuss parental limits and consequences

**School and community interaction**

Discuss school transitions/ability to adapt  
 Look for and pursue talents and interests  
 Encourage participation with peer activities  
 Encourage to volunteer/participate with religious, school or community activities

**Physical activity**

Assess and counsel on ways to increase activity level

Date	Patient Name	DOB
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**Developmental questions and observations**

You may use the following screening list, or an age-appropriate standardized developmental instrument or screening tool.\* Ask the parent to respond to the following statements about the child:

Yes No

Please tell me any concerns about the way your toddler is behaving or developing:

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- My child eats breakfast every day.
  - My child is doing well in school.
  - My child has one or more close friends.
  - My child handles stress, anger, frustration well, most of the time.
  - My child seems rested when he/she awakens.
  - My child enjoys at least one activity and/or interest.
  - My child joins in family activities.
  - My child's activities are supervised by adults I trust.

Ask the parent to respond to the following statements:

Yes No

- I am proud of my child.
- I talk to my child about alcohol, drugs, smoking and sex.

Ask the child to respond to the following statements:

Yes No

- I feel good about my friends and school.
- I know what to do when I feel angry, stressed or frustrated.
- I enjoy school.

\*Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)

**Additional notes from pages 1 and 2:**

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**Family history update**

Since your last visit, have there been any changes in your family history? Include:

- Deaths: who \_\_\_\_\_ what age \_\_\_\_\_
- New medical diagnosis: who \_\_\_\_\_ what age \_\_\_\_\_
- Anything else in your family history you have concerns or questions with: (Refer to family history form)

Staff signature: \_\_\_\_\_ Provider signature: \_\_\_\_\_

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. Adapted with permission by Priority Health 9/06. Implemented 1997; Last redesign; December 2006.

# Patient education:

Early adolescence: 11-14 years

## **Milestones: Ways your child is developing between 11 and 14 years of age**

- Most children get their second molars (back teeth) between 12 and 13. Talk with your dentist about sealants. Your child should floss daily.
- Between the ages of 10 and 14 many girls will begin to grow breasts and pubic hair and begin their periods.
- Between 10 and 14 many boys will begin to grow pubic hair and they may notice their scrotum and penis begin to change. Their voice may change and they may start to grow facial hair.
- Many boys and girls will have a growth spurt sometime between 10 and 15.
- Your child may have a hard time making good choices and may feel pushed to make bad choices in order to fit in with kids at school.

## **Safety tips**

- Tobacco, drugs, and alcohol are often offered to teenagers. Practice saying “no” with your child.
- Teach your child gun safety. He/she should never play around with guns. If you keep guns or rifles in your home, make sure they are unloaded and locked up.
- Teach your child to walk away if he/she sees someone with a gun or other weapon and then report it to a trusted adult.
- Teach your child to always wear a seatbelt in the car and to sit in the back seat until he/she reaches adult height and weight.
- It's important for your child to use the correct sports equipment and safety gear. Make sure it fits your child well.

## **Health tips**

- Growth happens at different times for everyone. This can worry a child. If he/she has not begun to have growth changes by age 14, talk with the doctor.
- Your child will need booster “shots” at this age. Talk with your child's doctor and make sure your child has had all of the shots he/she needs for entry into 6th grade. Michigan schools are required by law to assess and report the immunization status of all 6th grade students. Failure to do so requires the school to exclude the child from attendance unless the child is in a dose waiting period.
- Your child should exercise in addition to physical education classes during school. Talk to your child's doctor about ways to increase activity levels.
- It is important that your child eat healthy foods and snacks. Talk to your child's doctor about ways to improve healthy eating.

## Parenting tips

- Talk with your child about the changes in their body before and as the changes happen. Explain that these are signs of growing up and it can be exciting, but can also be scary.
- Your child may be more emotional and sometimes rude or angry. Sometimes he/she may feel sad, nervous, or worried and things may not be going right. Talk with your child about his/her feelings. Help find him/her a counselor if needed.
- Talk with and let your child know that sexual feelings are normal, but to delay having sex. Explain safe sex and the risk of Chlamydia and other STI's.
- Your child is growing mentally. You can help his/her thinking skills by asking him/her to solve problems.
- Talk about why teenagers should not use drugs and alcohol. Set a good example for your child.
- Teach your child how to deal with peer pressure.
- Encourage your child to join school or sporting activities.
- Talk with your child about his/her interests and activities.

## For help or more information

### Priority Health

Customer Service 616 942-1221 or 800 446-5674  
Medicaid 888 975-8102  
Behavioral Health 616 464-8500 or 800 673-8043  
[priorityhealth.com](http://priorityhealth.com)

### Mental health

Association for Children's Mental Health (ACMH)  
800 226-4543

### Domestic violence

National Domestic Violence Hotline  
800 799-SAFE (7233)

### Child Abuse and Neglect Information Hotline

800 942-4357  
Michigan Coalition Against Domestic &  
Sexual Violence, 517 347-7000

### Parenting skills or support

Parents Hotline 800 942-4357  
Family Support Network of Michigan 800 359-3722

### Prevention of Unintentional Childhood Injuries

National Safe Kids Campaign  
Safe Gun Storage Information  
202 662-0600  
[safekids.org](http://safekids.org)

### Fire safety

Talk with firefighters at your local fire station

### Poison prevention

Call the Poison Control Center  
800 222-1222

### Resources for teens and their parents

[kidshealth.org](http://kidshealth.org)  
[teenwire.com](http://teenwire.com) (sexuality information for teens)