# WELL CHILD ASSESSMENT – 17 TO 20 YEARS

<table>
<thead>
<tr>
<th>Age:</th>
<th>Weight:</th>
<th>Height:</th>
<th>BP:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Temp:</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Hgb/Hct:</th>
<th>MA Signature:</th>
</tr>
</thead>
<tbody>
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</table>

## Hearing

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Left dB</th>
<th>Right dB</th>
<th>Left dB</th>
<th>Right dB</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3000</td>
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<tr>
<td>4000</td>
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</table>

## Vision

<table>
<thead>
<tr>
<th>L dB</th>
<th>R dB</th>
<th>Both</th>
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## Urine

- Protein
- Sugar
- Blood
- Other

## INTERVAL HISTORY

### Diet:

### Illness:

### Problems:

### Immunization Reaction:

### Parental Concerns:

## DEVELOPMENT

- School Progress
- Peer Relationship
- Grade
- Hobbies
- Body Image
- Job/Future Plans
- Sports

## PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>PM 160</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### General Appearance

### Nutrition

### Skin

### Head, Neck & Nodes

### Eyes/ Eye Reflex

### ENT/Hearing

### Mouth/Dental

### Heart

### Abdomen

### Ext. Genitalia

### Back

### Extremities/Hips

### Neurological

### Fem. Pulses

## PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>N</th>
<th>AB</th>
<th>ABNORMALITIES/COMMENTS</th>
</tr>
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</table>

## TOBACCO ASSESSMENT

1. Patient is exposed to Passive (second-hand) Tobacco Smoke. □ Yes □ No
2. Tobacco Used by Patient. □ Yes □ No
3. Counseled about/Referred for Tobacco Use Prevention/Cessation. □ Yes □ No

## PLAN

- Refer for Preventive Dental Care

## EDUCATION

(Circle Items Discussed)

- Nutrition: 3 Meals/Nutritious Snacks
- Tobacco: Health Effects, Avoid Chewing/Cigarette/Cigar Use
- Safety: Seat Belt, Helmet, Risk-taking Behavior
- Dental: Preventive Dental Visits, Brushing, Flossing
- Self Care: Testicular/Breast Self Exam, Abstinence/Contraception

- Growing Up Healthy Brochure given

## TB RISK ASSESSMENT

□ No Risk □ Risk

## ASSESSMENT:

## Next Visit:

Patient Name/ID Number:

Exam Date:

Provider Signature

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Well Child Assessment – 17 to 20 Years 3/30/00 PPMC/AA