When this form is completely filled out use Preventive Medicine Services Code:

99383—New Patient (ages 11yrs),
99384—New Patient (ages 12-17),

99393—Established patient (ages 11yrs)
99394—Established patient (ages 12-17)

11	14	Y

EPSDT Screening Date ___ / ___ / 2 0 0 ___

Member ID# ___ ___ ___ – ___ ___ – ___ ___ ___ ___

11 to 14 Year Visit

Name _____ Birth Date _____ Historian _____

Age _____ Allergies _____ Medications _____

Weight _____ lbs Length _____ inches BP _____ Temp. _____ T O

History Update

Changes in your family history?
No Yes

_____

Have you had any new problems or illnesses since the last visit? No Yes

_____

FH heart disease < 55 No Yes
FH ↑ cholesterol No Yes

Problems / Concerns

_____

_____

Nutrition

Low fat milk ? yes no
Variety of fruits/vegetables? yes no
Eats breakfast? yes no
Eats supper with family? yes no

Hearing (age 14 and every 5 years if nl)

Hearing screen pass fail
date _____

Vision: (test every two years)

L near 20/ _____ far 20/ _____

R near 20/ _____ far 20/ _____

❑ Wears glasses, sees eye specialist

School

Grade _____

Problems? Yes No

_____

_____

TB Risk Factors yes no

(see separate form)
IPPD result _____

Lab Tests

Hgb _____
If abnormal or not done at age 5 years.

Cholesterol _____
Every 5 years if risk factors & previously normal.
Urinalysis (If abnl. or not done at 5 yrs.)
❑ see back for results

Physical Exam (UNCLOTHED Yes No) ✓ = NL X = ABNL

General	❑
Head	❑
Neck	❑
Eyes	❑
Ears	❑
Nose	❑
Throat/Mouth/Teeth	❑
Chest	❑
Breasts/Tanner Stage	_____
Lungs	❑
Heart	❑
Abdomen	❑
Femoral Pulses	❑
Genitalia /Tanner Stage	_____
Female	❑
Male	❑
Extremities	❑
Spine	❑
Skin	❑
Neuro	❑
Pelvic	❑

Safety

- ❑ Smoke detectors, no smoking in home
- ❑ Buckle up!
- ❑ Bike helmet, street safety
- ❑ Swimming, water safety
- ❑ Firearm safety
- ❑ Sunburn prevention

Health/Nutrition

- ❑ Low fat milk and snacks
- ❑ Healthy food choices
- ❑ Brush teeth, see dentist
- ❑ Acne
- ❑ Encourage sports, exercise
- ❑ Sports form attached yes no

Social/Behavioral

- ❑ School adjustment, performance
- ❑ Sports and hobbies
- ❑ Limit TV, computer games
- ❑ Give choices, encourage independence
- ❑ Set limits, provide consequences
- ❑ Saying no to tobacco, drugs, alcohol
- ❑ Puberty changes and ? about sex
- ❑ Periods (girls) LMP _____
- ❑ Friends, boy/girl friends
- ❑ Abstinence, birth control
- ❑ **Developmental/Behavioral Screen (see separate form)**

Impression

- ❑ Well Child/Adolescent, normal growth and development
- ❑ _____
- ❑ _____

Plan/Referrals

- ❑ Immunizations current yes no
- ❑ RTC at _____ years
- ❑ See dentist _____
- ❑ Handouts _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

_____ M.D. / P.N.P.

❑ See back for additional documentation

Provider ID# ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___