DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-01068L (01/11)

STATE OF WISCONSIN
Health Check

Reprinted and adapted with permission from Memee K. Chun, M.D.

GENERAL PEDIATRIC CLINIC / TEENAGER VISIT

(See Page 2 for Teenager Visit additional exams)

Completion of this form is voluntary.

Patient Name			**Date of Birth**	**Today's Date**
Age	**Sex**	**Height**	**Weight**	**BMI**
T	**BP**	**P**		**R**

Chief Concerns

Family Constellation and Concerns
Household Members

Concerns: (Employment, Separation, Divorce, Family Relations)

Past Medical History
General Health / Illnesses

Allergies
Medications
Hospitalizations
Surgeries
Injuries / Burns / Fractures
Dental Care
Immunizations

Family Medical History

Asthma
Cancer
CVI / MI Before 60 years
High Cholesterol / Triglycerides
Depression / Psychiatric Illness
Diabetes
HTN
Renal
Sickle Cell Anemia
Substance Abuse / Alcoholism
Sudden Death (Age)
Tuberculosis (TB)

Sexual History (If appropriate)

Dating Yes ☐ No ☐

Sexually Active Yes ☐ No ☐

Age at First Intercourse

STDs

Pregnancies _____ | Ab _ _____ _ | Children _____

Fathered a Child ☐ Yes ☐No

Contraceptive Use ☐ Yes ☐ No

Methods _____

School History

School
Failed a Grade
Attitude Towards School
Goals / Career
Absences in Past Year
Plan to Drop Out This Year

Menstrual History

Menarche

☐_____ LMP

☐_____

Regular Periods ☐ Yes ☐ No

Cycle Length

Flow

Duration

Tampons Pads

Dysmenorrhea
Meds

Social

Activities / Hobbies
Job
Sports / Exercise
Diet
High / Low Weight in Past Year
Peer Relations
Dating
Sleep Pattern
Substance Use (Own and Friends)
- Cigarettes
- Alcohol
- Drugs

Immunization	Drug Co. and Lot. No.	Expiration Date

Anticipatory Guidance

Breast / Testicular Self Exam
Decision Making
- Sexuality Issues
- Birth Control
- Parenting
- Future Plans

Nutrition
Coping Skills
- Mood Changes / Depression
- Stress / Relief Activities

Safety
- Driving / Seat Belts / Bike Helmet
- Guns / Personal Security

Sun Protection

Continued

Note – Present (+) or Absent (-) as Appropriate
(Cross off parts not examined or not applicable)

Physical Exam	N	Abn	Physical Exam	N	Abn
Skin: Acne-Comedones / Pustular / Nodular			Genitourinary Tanner Stage 1, 2, 3, 4, 5		
Head: Symmetry, Scalp, Hair			Hernia		
Eyes: EOM, Pupils, Cornea, Conjunctive			Penis		
Ears: Pinnae, Canals, Tympanic Membrane			Testes		
Nose: Nares, Turbinates			Scrotum		
Throat: Pharynx, Tonsils			Pelvic		
Neck: Movements, Thyroid			Ext. Genitalia		
Nodes: Axillary, Cervical, Inguinal, Submandibular			Cervix		
Breast: Tanner Stage — 1, 2, 3, 4, 5			Adnexse		
Development Masses			Uterus		
Habits: Nail biting, tics, etc.			Lab / Saline / Gram Strain		
Neuromuscular: Equilibrium, Motor Strength, Sensory, Coordination, Cranial Nerves, DTRs, Babinski			Gynecomastia (m)		
			Extremities: (Gait, Range of Motion of Joints)		
			Anus (Rectal)		
Spine: Posture, Hip and Shoulder Levels			Sexual Development		
Lungs:					
Heart: Rhythm, S1, S2 Murmur					
Abdomen: Contour, LSK, Mass					

Assessment: (Synopsis, health promotion, description of abnormal findings.)

Plan: (Treatment, education/counseling, referral)

Laboratory	Immunizations
Urinalysis	dT Status
Hgb / Hct	TB Screen
STD panel	MMR Status
Pap smear	Hepatitis B
Rubella titer	
Cholesterol	

Other

SIGNATURE — Provider | Date Signed