Teri Perryman, MD, PA * 710 Water Street, Suite 703 * Kerrville Tx 78028 * (830) 896-2758

12-21 Year Old WCC

Pt Name: DOB: DOS:

WT: _____kg HT: _____cm FOC: _____
T: _____°F P: _____ RR: _____
B/P: _____/_____ O_2: _____% Allergies:
Accompanied By : Current Meds:

HISTORY OF PRESENT ILLNESS:

Diet: _____ Elimination: _____
Sleep: _____ Allergies: _____
Medications: _____
Behavior/Personality: _____ Menarche: LMP ___/___/___
_____ Freq/Duration: _____
Concerns:

REVIEW OF SYSTEMS:

Circled = negative, except as noted below

Cons Eyes ENMT CV Resp Gastro G/U Skel
Integumentary Neuro Psych Endo Hema/Lymp Allergy/Imm

PAST MED, FAMILY & SOCIAL HX:

Immunizations: UTD: Y N
Major Illnesses:
Hospitalizations:
Surgeries:
Family HX: CA, HTN, Asthma, Allergies, DM, CV any, CV < 55, Sz
Social HX: Total in Household: _____
Lives with: Mother Father Siblings: ____ Aunt Uncle
Grandmother Grandfather Cousins
Water: City Well Bottled Pets: Dog/Cat Reptiles Bird
Smokers: Y N Poultry Farm

Developmental Milestones

Grade in school:

Usual grades:

Areas of strength:

Areas needing improvement:

Employment:

Importance of School/Homework:

Friends and outside activities:

Home:

PHYSICAL EXAM:

General Appearance:
☐ Well-Developed ☐ Well-Nourished ☐ NAD

Eyes:
☐ Lids, Sclerae, conj, ant chambers
☐ Red reflexes
☐ PERRL
☐ EOMI
☐ Tears

ENMT:
☐ Hearing, pinnae, canals, TMs
☐ Nasal mucosa, septum, turbinates
☐ Pharynx/moist mucosa

Neck:
☐ Non-Tender ☐ LAD ☐ No deformity/ masses
☐ No meningeal signs
☐ Thyroid

Respiratory:
☐ Auscultation ☐ Percussion
☐ Effort ☐ Air Movement

Cardiovascular:
☐ RRR ☐ No Murmur
☐ Pulses ☐ Cap refill < 2 secs

GI/Abdomen:
☐ Soft ☐ BS Normal
☐ Non-Tender ☐ No CVAT
☐ No masses ☐ No HSM
☐ No peritoneal signs

GU: Tanner Stage _____

Male: ☐ Normal ☐ Testes ↓↓
☐ Circ'ed ☐ Uncirc'ed

Female: ☐ Normal ☐ Hymen intact
☐ No D/C

Musculoskeletal:
Head: ☐ AF ☐ NCAT
Neck:
☐ Strength/Tone/ROM
Back/Spine:
☐ Strength/Tone/ROM
Chest:
☐ No tenderness ☐ No deformity
Extremities:
☐ Strength/Tone/ROM
☐ No tenderness
☐ No swelling
☐ Digits/Nails
☐ Gait/Station

Skin:
☐ Good Color ☐ Warm/dry
☐ No rash/lesion/mass

Neuro:
☐ CN II→XII intact ☐ Sensation nl throughout
☐ Reflexes 2+/equal/bilat
☐ Strength nl bilat all extremities

Psychiatric:
☐ Active, interactive ☐ Psych Questionnaire Neg
☐ Consolable
☐ Social smile
☐ Behavior appropriate for age/setting

☐ **Exam limited by urgency of condition**

Check box if assessed; circle abnormal and note findings
Not circled & Checked = Normal

Anticipatory Guidelines:

Safety (seat belts, helmets, guns, strangers):

Avoid smoking, drugs, alcohol:

Balanced Low Fat Diet/regular exercise:

Responsibility for personal safety (don't drive or ride with drunk drivers, don't hitchhike, be mindful of possible physical/sexual assault, always let parents know where you are.)

Safe Sex (CONDOMS):

Plans for Future (college, job, marriage, children):

Assessment:

Plan:

Immunizations:

DTAP #	HEP A #	HEP B #
HiB #	IPOL #	MMR #
Prevnar #	Varicella #	Td Booste

Other _____ UTD

Texas Health Steps Patients
Hgb Type _____ per results from _____

PPD Questionnaire - +
if + do PPD **Results _____**

PAP, HIV, RPR, GC/Chlamydia, Cholesterol screening (if indicated)

Refer to dental done Y N
(12 months or older)
Formal Vision Done Y N
Formal Hearing Done Y N

DISPOSITION: Home Admitted Trans

Follow-up in _____ days wks
Next WCC

Signature