**PHYSICAL EXAMINATION** (check appropriate box):

<table>
<thead>
<tr>
<th>N</th>
<th>L</th>
<th>A</th>
<th>B</th>
<th>E</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NL</strong></td>
<td><strong>AB</strong></td>
<td><strong>NE</strong></td>
<td><strong>NL-normal, AB-abnormal, NE-not examined</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- General
- Skin
- Fontanels
- Eyes: Red Reflex, Appearance
- Ears, TMs
- Nose
- Lips/Palate
- Teeth/Gums
- Tongue/Pharynx
- Neck/Pharynx
- Chest/Nodes
- Lungs
- Heart
- Abd/Umbilicus
- Genitalia/ Femoral Pulses
- Extremities, Clavicles, Hips
- Muscular
- Neuromotor
- Back/Sacral Dimple

**Clinician Observations/History: (HEADSS Suggested)**

**Home**
- After home school monitoring-who?  
  - Y N
- Adequate family support system?  
  - Y N
- Feel safe in neighborhood?  
  - Y N
- Domestic Violence  
  - Y N

**Education Grade: School:**
- Strengths (e.g., gifted, artistic, athletic, etc.)  
  - Y N
- Feels connected to school? (e.g., favorite teacher)  
  - Y N
- Any learning/attention struggles at school?  
  - Y N
- Grade retention?  
  - Y N
- Plans for future?  
  - Y N

**Activities**
- Extracurricular/religious activities  
  - Y N
- Has best friend(s)  
  - Y N

**Danger/Drugs**
- Friends tried or using drugs or alcohol?  
  - Y N
- Pt tried or using and substances or TOBACCO?  
  - Y N
- Driving under the influence?  
  - Y N

**Suicidality/Depression**
- Trouble sleeping, irritability, withdrawal?  
  - Y N
- Suicidal ideation?  
  - Y N
- Family history of depression?  
  - Y N
- Any concerns regarding body image?  
  - Y N

**Sexuality**
- Boyfriend or girlfriend?  
  - Y N
- Has a parent or trusted adult to talk to?  
  - Y N
- Sexually active?  
  - Y N
- Birth control?  
  - Y N

**Parent – Teen Interaction**
- Interaction appears age appropriate  
  - Y N
## Anticipatory Guidance

Select at least one topic in each category (as appropriate to family):

### Injury/Serious Illness Prevention
- Seat belts
- Drinking and driving
- Smoke alarms
- No smoking (Oklahoma Tobacco Helpline: 1.800.QUIT.NOW)
- Sun protection
- Bicycle helmet
- Other: ____________________________________________

### Violence Prevention
- Adequate support system?
- Adequate supervision?
- Feel safe in neighborhood?
- Domestic Violence?
- Gun Safety
- Other __________________________

### Family Interaction/Communication
- Family meetings
- Limit TV
- Adequate exercise
- Other: ____________________________________________

### Nutrition Counseling
- Begin 2% cow’s milk (~16 oz/day)
- Adequate fruits and vegetables
- Whole grains
- Healthy snacks
- Limit junk food
- Vitamins
- Other: ____________________________________________

What to anticipate before next visit:
- Discipline
- Help teen have adequate balance of independence and supervision
- Define unacceptable behavior; provide clear rules (e.g., no curfew violations, how to earn privileges)
- Family meetings
- Other: ____________________________________________

## Assessment
- Healthy, no problems

## Plan/Recommendations
- Do vaccines/procedures marked above
- Other: ____________________________________________
- See box above for Anticipatory Guidance Topics discussed at today’s visit

## Next Health Supervision (EPSDT) Visit Due:

Provider Signature: ___________________________ Date: ___________________________