Adolescent Well-care Assessment
13 to 18 years

Amerigroup RealSolutions in healthcare

Name: **Date:**

DOB: **Sex:**

Wt: **Ht:** **BMI:** **T:** **P:** **R:** **BP:**

Interval history

Medications:

Allergies:

Illnesses/accidents/problems/concerns:

Physical exam	Normal/abnormal			Normal/abnormal			Normal/abnormal	
General appearance	❒	❒	Neurological	❒	❒	Skin	❒	❒
Reflexes	❒	❒	Head	❒	❒	Eyes	❒	❒
Ears	❒	❒	Nose/throat	❒	❒	Mouth	❒	❒
Teeth	❒	❒	Heart	❒	❒	Abdomen	❒	❒
Back (scoliosis)	❒	❒	Extremities	❒	❒	Feet	❒	❒

If abnormal, explain:

Questions for adolescent

Do you ever feel down and depressed? _____

Do you smoke cigarettes, drink alcohol or use drugs? _____ How often? _____

Have you started having sex? _____ Do you use birth control? _____ What kind? _____

How are things going at school/work? _____

Health education/anticipatory guidance

❒	Nutrition/weight control	❒	STD/HIV/AIDS	❒	Birth control
❒	Regular physical activity	❒	Smoking	❒	How to say no; abstinence
❒	Sex education/safe sex	❒	Diet pills, steroids	❒	Dental care
❒	Suicide/depression	❒	Adequate sleep	❒	Respect others
❒	Drugs/alcohol	❒	Normal sexual feelings	❒	Other _____

Notes/plans:

Next visit: **Provider signature:**