

Ambulatory Services

COMPREHENSIVE ADOLESCENT PHYSICAL EXAM

Exam observed by (Staff Sig.): _____

Observation declined (Pt. Sig.): _____

Name:

M.R.#:

Birthdate:

HT	WT	BP	Temp	P	R	Initials
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Comprehensive Physical Exam	T = Normal Findings NA = Not done or indicated	Abnormal Findings / Comments
General Appearance	() Apparent Age / Nutrition / Development	
Head	() Size / Shape / Hair / Alopecia / Masses	
Eyes	() PERRLA / EOMI / Eyelids / Conjunctiva / Sclera / Cornea / Ptosis / Fundi	
Ears	() Helix / External canal / TM perforation / TM discharge	
Nose and Sinuses	() Turbinates / Nasal mucosa / Septum / Discharge	
Mouth and Throat	() Lips / Tongue / Tonsils / Teeth / Gums / Pharynx	
Neck	() Range of Motion / Adenopathy / Thyroid / Carotids / Veins / Masses	
Chest and Lungs	() Excursion / Dullness or hyperresonance to percussion / Quality of breath sounds / Rales / Wheezing / Rhonchi / Rubs	
Heart	() Rate / Rhythm / Apical impulse / Quality of sound / S3 / S4 / Murmurs / Thrills	
Abdomen	() Appearance / Tenderness / Bowel Sounds / Liver / Spleen / Masses / Bruits	
Skin	() Color / Birthmarks / Scars / Rash / Ulcers / Moles / Acne	
Back and Spine	() Mobility / Kyphosis / Scoliosis / Lordosis / Tenderness	
Muscular System	() Strength / Wasting / Development	
Extremities	() Deformity / Clubbing / Cyanosis / Edema / ROM / Peripheral pulses / Calf tenderness / Joints for swelling / Nails	
Hematologic and Lymphatic	() Bruising / Lymph nodes / Pallor	
Neurological	() Mental status (stress, affect) / Motor (gait, posture, speech) / Sensory / Cerebellar / Cranial nerves / DTRs	
Male Genitalia	() Penis / Testes / Scrotum / Epididymis / Varicocele / Discharge / Hernia / Genital stage _____ Pubic Hair stage _____	
Breasts	() Size / Symmetry / Nipples / Areola / Palpable masses / Discharge / Tenderness / Breast stage _____	
Female Genitalia	() Vulva / Vagina / Cervix / Uterus / Adnexae / Bartholin Gland / Urethra / Discharge / Pubic Hair stage _____	
Rectal Exam	() Sphincter tone / Hemorrhoids / Fissures / Masses	

Ambulatory Services

Name:

M.R. #:

Birthdate:

EDUCATION NEEDS ASSESSMENT:

Barriers to Learning: None Vision Hearing Cannot Read Cannot Comprehend
 Language/needs interpreter Other _____

How does patient best learn? Pictures Reading Listening Demonstration Other _____

IN OFFICE TESTS: _____

ASSESSMENT: _____

PLAN: _____

HEALTH MAINTENANCE:

IMMUNIZATIONS

Hep B	(Given/Current/Not Indicated)
MMR	(Given/Current/Not Indicated)
Td	(Given/Current/Not Indicated)
Varicella	(Given/Current/Not Indicated)
Immunization Record	(Requested/In Chart)

SCREENING

Cholesterol	(Ordered/Not Indicated)
Hemoglobin	(Ordered/Not Indicated)
Pap Smear	(Ordered/Not Indicated)
STD Testing - Chlamydia/GC	(Ordered/Not Indicated)
Syphilis	(Ordered/Not Indicated)
HIV	(Referral/Ordered/Not Indicated)
Vision/Hearing	(Ordered/Not Indicated)

EDUCATION

- Adolescent development discussed
- Abstinence/responsible sexual behavior discussed
- Alcohol use/abuse discussed
- Dental health discussed
- Drug abuse discussed
- Eating/weight discussed (calcium intake/supplementation, balanced meals, healthy snacks)
- Family relations discussed
- Peer relations discussed
- Physical activity recommended
- Gun safety discussed
- Seat belt use recommended
- Self testicular/breast self exam taught/discussed
- Sports safety discussed
- Skin health discussed
- Tobacco use discussed or smoking cessation recommended
- Violence risk reduction discussed

Return visit: _____ Next Health Maintenance Exam: _____

Provider Signature: _____ Date: _____