

McLaren Print System Order

Order No: 56139 Reprint Previous Order No: 9472
Order Date: 2020-08-18
User: Kimberly Gunsell
Phone: 989-316-4272

Ship Location: McLaren Bay Family Medicine
3720 Katalin Ct Suite 201
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 69000
Dept Name:
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-R
Item Description: Pediatric Physical Examination (Age 15-20 Years)
Revision Date: 3/2020
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
WELL CHILD EXAM - Adolescence: 15 - 20 Years
DATE: / /
PATIENT NAME:
DOB:
Developmental Questions and Observations
You may use the following screening list, or an age appropriate standardized developmental instrument or screening tool.
Ask the patient to respond to the following statements:
Yes No
Please let me ask any questions or concerns you have today:
I eat breakfast everyday.
I am happy with how I am doing in school and/or at work.
I have one or more close friends.
I feel relaxed when I wake up.
I participate in at least one activity and/or interest other than school and work.
I do things with my family.
I feel good about my friends and school.
I know what to do when I feel angry, stressed or frustrated.
I have someone I can talk to.
I have questions about sexuality.
I get some physical activity every day.
I sometimes feel really down and depressed.
I sometimes feel very nervous.
If the parent is present, ask the parent to respond to the following statements:
I am proud of my child.
I talk to my child about alcohol, drugs, and smoking.
My child's school work matches my future goals for my child.
My child's school work matches my future goals for my child.
I talk to my child about sexuality and our family's values regarding sex.
I monitor my child's activities and social life.
Please note: Formal developmental evaluations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (Adapted from Guidelines for Health Supervision of Infants, Children, and Adolescents)
Additional Notes from pages 1 and 2:
Staff Signature:
Provider Signature:
Date: Time:
Patient Name:
Date Printed: