

**McLaren Print System Order**

**Order No: 56235 Reprint Previous Order No: 9472**  
**Order Date: 2020-08-21**  
**User: Katie Jacobs**  
**Phone: 9893457000**

**Ship Location: Evergreen Clinic-Erin Deland**  
**611 Court Street Clinic**  
**West Branch, MI 48661**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 69680**  
**Dept Name: McLaren**  
**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
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**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	
<input type="checkbox"/>	<input type="checkbox"/>	Please let me any questions or concerns you have today.
<input type="checkbox"/>	<input type="checkbox"/>	I eat breakfast everyday.
<input type="checkbox"/>	<input type="checkbox"/>	I am happy with how I am doing in school and/or at work.
<input type="checkbox"/>	<input type="checkbox"/>	I have one or more close friends.
<input type="checkbox"/>	<input type="checkbox"/>	I feel relaxed when I wake up.
<input type="checkbox"/>	<input type="checkbox"/>	I participate in at least one activity and/or interest other than school and work.
<input type="checkbox"/>	<input type="checkbox"/>	I do things with my family.
<input type="checkbox"/>	<input type="checkbox"/>	I feel good about my friends and school.
<input type="checkbox"/>	<input type="checkbox"/>	I know what to do when I feel angry, stressed or frustrated.
<input type="checkbox"/>	<input type="checkbox"/>	I have someone I can talk to.
<input type="checkbox"/>	<input type="checkbox"/>	I have questions about sexuality.
<input type="checkbox"/>	<input type="checkbox"/>	I get some physical activity every day.
<input type="checkbox"/>	<input type="checkbox"/>	I sometimes feel really down and depressed.
<input type="checkbox"/>	<input type="checkbox"/>	I sometimes feel very nervous.

**If the parent is present, ask the parent to respond to the following statements:**

<input type="checkbox"/>	<input type="checkbox"/>	I am proud of my child.
<input type="checkbox"/>	<input type="checkbox"/>	I talk to my child about alcohol, drugs, and smoking.
<input type="checkbox"/>	<input type="checkbox"/>	My child's school work matches his/her future goals.
<input type="checkbox"/>	<input type="checkbox"/>	My child's school work matches my future goals for his/her.
<input type="checkbox"/>	<input type="checkbox"/>	I talk to my child about sexuality and our family's values regarding sex.
<input type="checkbox"/>	<input type="checkbox"/>	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:**

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Staff Signature: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name

Date Printed

WELL CHILD EXAM (15-20 Years)