

McLaren Print System Order

Order No: 55352 Reprint Previous Order No: 9472
Order Date: 2020-07-14
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb Family Medicine
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 him/her.
My child's school work matches my future goals for her/his.
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 examinations are recommended when surveillance suggests a delay or abnormality, especially after 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: