

WELL CHILD EXAM-Early Adolescence: 11 - 14 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 parent to respond to the following statements about the child:

Yes No

- Please tell me any concerns about the way your child is behaving or developing
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- My child eats breakfast everyday.
- My child is doing well in school.
- My child has one or more close friends.
- My child handles stress, anger, frustration well, most of the time.
- My child seems rested when he/she awakens.
- My child enjoys at least one activity and/or interest.
- My child joins in family activities.
- My child's activities are supervised by adults I trust.

Ask the parent to respond to the following statements:

- I am proud of my child.
- I talk to my child about alcohol, drugs, smoking and sex.

Ask the child to respond to the following statements:

Yes No

- I feel good about my friends and school.
- I know what to do when I feel angry, stressed or frustrated.
- I enjoy school

*Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. (*Bright Futures: 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 of Birth: