Belilovsky Pediatrics
523 Oceanview Avenue
Brooklyn, NY 11235
(718) 332-6652

12 -18 YRS

ID Sticker:

Patient Name: _____

Date of Birth: _____

Date: _____ **Time:** _____

INTERIM ADOLESCENT EXAM (12-18 YEARS)

Date/Time: Informant:

Intake/Interval History:		
Y or N	Immunizations completed:	
Y or N	Illness:	
Y or N	Accidents:	
Y or N	ER Visits:	
Y or N	Hospitalization:	
Y or N	Operations:	
Y or N	Injuries:	
Y or N	Drug Reactions:	
Y or N	Reaction to Vaccines:	
Y or N	Risk Assessment Questionnaire Completed	
Y or N	Drugs, Alcohol, Tobacco	

Wt. gain/loss ☐ Yes ☐ **No**
Vomiting/Diarrhea more than 1 day ☐ Yes ☐ **No**
Yes to either of the above = referral

Diet: Appetite:
Fruits: Vegetables:
Meats: Dairy:
Grain/Bread: Junk:
Urination: BM:
Sleep:

Girls: Menarch: LMP:
Last GYN: N/A ☐:

Family's Health: _____

Measurements:

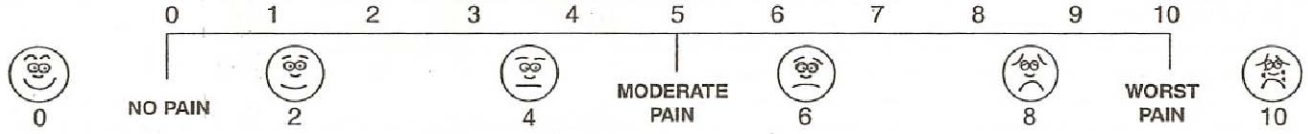
Ht:_____, Wt_____, T_____ P_____, R_____, BP_____, **Allergies** _____

BMI / Percentile:

Are you having pain today? ☐ Yes ☐ **No**
What medications do you take for pain? _____

PAIN SCALE

Have you had pain recently? ☐ Yes ☐ **No**
Is your pain controlled? ☐ **N/A** ☐ Yes ☐ No



MA Signature/Date: _____

Physical Examination: A = Abnormal to be explained in progress notes.					
General	N ☐	A ☐	Lungs	N ☐	A ☐
Skin	N ☐	A ☐	Heart	N ☐	A ☐
Head	N ☐	A ☐	Abdomen	N ☐	A ☐
Abdomen	N ☐	A ☐	Extremities	N ☐	A ☐
Eyes	N ☐	A ☐	Back/Spine	N ☐	A ☐
Ears	N ☐	A ☐	Neurological	N ☐	A ☐
Nose	N ☐	A ☐	Genitalia / Anus	N ☐	A ☐
Mouth/Throat	N ☐	A ☐	Tanner Stage ♂ 1 2 3 4 5	Pubic 1 2 3 4 5	
Dental	N ☐	A ☐	♀Breast 1 2 3 4 5		
Neck	N ☐	A ☐	**Girls:** Pelvic - ☐ NI* ☐ Refer to GYN		
Breast	N ☐	A ☐	Rectal - ☐ NI* ☐ Refer to GI or GYN		

Psychosocial Status Evaluation/Anticipatory Guidance:	AG - given
Safety:	
Vehicular/Seat Belts	
Risk Taking	
Sports	
Fire Arms	
Health Promotion:	
Personal Hygiene	
Dental Hygiene	
Testicular/Breast Self Exam	
Physical Activity	
Excessive TV/Computer Games/Texting	
Risk Reduction: Smoking Alcohol Drugs	
Nutrition:	
Balanced Diet / Healthy Food	
Vitamins, Minerals/Herbals	

Problem behavior ☐ Yes ☐ **No** (Explain if Yes)

N = normal
A = abnormal

AG = Antipatory guidance
NI* = Not indicated