## Preventive Care Visits: Ages 10,11,12,13 The Greig Health Record

Name: Date of Birth:

(visits in this age group are recommended every one to two years)

|  |   |                      | Age 10 | Age 11 | Age12 | Age 13 |
|--|---|----------------------|--------|--------|-------|--------|
| Date   |   |                      |        |        |       |        |
| Measurements   | Wt  | BMI                  |        |        |       |        |
| (use WHO growth charts)                              | Ht  | BMI percentile       |        |        |       |        |
| Psychosocial<br>history/<br>Development<br>(HEADSSS) | School &  | Activities           | ,      | •      |       |        |
|  | Peer relationships  |                      |        |        |       |        |
|  | Family relationships  |                      |        |        |       |        |
|  | Mental Health   |                      |        |        |       |        |
|  | Substance & Addictions  |                      |        |        |       |        |
|  | • Abuse   |                      |        |        |       |        |
|  | Body changes     Sexual health &  |                      |        |        |       |        |
|  | • Sexual health & Relationships   |                      |        |        |       |        |
|  | • Menstrual issues ♀  |                      |        |        |       |        |
| Nutrition*   | Healthy choices / snacks /  |                      |        |        |       |        |
|  | junk-food   |                      |        |        |       |        |
|  | Supplements / CAM   |                      |        |        |       |        |
|  | Body Image / Dieting  |                      |        |        |       |        |
| Education & Advice: Behaviour and Family Issues      | Physical  |                      |        |        |       |        |
|  | Electronic Media – TV /   |                      |        |        |       |        |
|  | Internet /Hearing Protection  |                      |        |        |       |        |
|  | Sleep Issues  |                      |        |        |       |        |
|  | Effective Discipline  |                      |        |        |       |        |
|  | Helmet safety   |                      |        |        |       |        |
| Injury<br>Prevention &<br>Safety                     | Vehicle Safety & Seatbelts      Vehicle Safety & Seatbelts  |                      |        |        |       |        |
|  | Violence & Firearms  The State of the S |                      |        |        |       |        |
|  | <ul><li>Trampoline Safety</li><li>Sun Safety</li></ul>  |                      |        |        |       |        |
|  |   | nental Hazards –     |        |        |       |        |
| Other  |   | ond Hand Smoke       |        |        |       |        |
|  | Smoke D   |                      |        |        |       |        |
|  | Other Sa  |                      |        |        |       |        |
|  | Dental care, fluoride   |                      |        |        |       |        |
|  |   |                      |        |        |       |        |
| Specific<br>Concerns                                 |   |                      |        |        |       |        |
|  | Blood Pressi  | ıre                  |        |        |       |        |
|  | Head & Nec  | k                    |        |        |       |        |
| Examination  | Visual Acuit  |                      |        |        |       |        |
|  |   | (R)                  |        |        |       |        |
|  | CVS   |                      |        |        |       |        |
|  | Chest   |                      |        |        |       |        |
|  | Back  |                      |        |        |       |        |
|  | Abd<br>GU   |                      |        |        |       |        |
|  | Sexual Maturity Rating  |                      |        |        |       |        |
|  | Skin  |                      |        |        |       |        |
|  | Skiii   |                      |        |        |       |        |
| Assessment   | Up-date imn   | nunizations:         |        |        |       |        |
| Immunization   | Men C or A  | CYW135 around age 12 |        |        |       |        |
| Medications  |   | (ages 9 and older)   |        |        |       |        |
| medicacions  | Varicella va<br>(12mos to 12 year   | ccine-2 doses        |        |        |       |        |
| ©A.Greig 2016  | adolescents)  |                      |        |        |       |        |
|  |   | ienza vaccination    |        |        |       |        |
|  | Consider TB<br>Signature  | test                 |        |        |       |        |
|  |   |                      |        |        |       |        |



