

Preventive Care Visits: Ages 14,15,16,17 The Greig Health Record

Name: _____
Date of Birth: _____

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

		Age 14	Age 15	Age 16	Age 17
Date					
Measurements <small>(use WHO growth charts)</small>	Wt	BMI			
	Ht	BMI percentile			
Psychosocial history and Development (HEADSSS)	• School & Activities				
	• Peer relationships				
	• Family relationships				
	• Mental Health				
	• Substances and Addictions				
	• Abuse				
	• Body changes				
	• Sexual Health & Relationships				
	• Menstrual issues ♀				
Nutrition	• Healthy choices / snacks / junk-food				
	• Supplements / CAM				
	• Body Image / Dieting				
Education & Advice: Behaviour and Family Issues Injury Prevention & Safety	• Physical Activity				
	• Electronic Media – TV / Internet /Hearing Protection				
	• Sleep Issues				
	• Helmet safety				
	• Vehicle Safety & Seatbelts				
	• Violence & Firearms				
	• Workplace				
	• <i>Sun Safety</i>				
	• Environmental Hazards – incl. Second Hand Smoke				
	• <i>Smoke Detectors</i>				
Other	• Other Safety Topics				
	• Dental care, fluoride				
Specific Concerns					
Examination	Blood Pressure				
	Head & Neck				
	Visual Acuity (L) (R)				
	CVS				
	Chest				
	Back				
	Abd				
	GU				
	Sexual Maturity Rating				
	Skin				
Assessment Immunization Medications	dTap (age 14-16) Rubella titre ♀ Up-date immunizations: Men C or ACYW135, Hep B, HPV, Varicella vaccinations Discuss influenza vaccination Consider TB test				
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