New Jersey Department of Health
CHILD HEALTH CONFERENCE – HEALTH ASSESSMENT
CHILDHOOD: 13-15 Years

DATE: _____

Child's Name		Date of Birth
Allergies	Illnesses/Injuries/Problems/Concerns	Current Medications

RN:

SUBJECTIVE

Y N
- ☐ ☐ I eat breakfast every day
- ☐ ☐ I have someone I can talk to
- ☐ ☐ I have questions about sexuality
- ☐ ☐ I am happy with how I am doing in school and/or work
- ☐ ☐ I get some physical activity every day
- ☐ ☐ I get enough sleep; _____ hours per night

Diet: _____

- ☐ Vitamin Supplements
- ☐ Fluoride Supplements
- ☐ Dental Referral
- ☐ TB Test (if high risk factor present)
- ☐ Review Immunization Record; update age-appropriately
- ☐ Cholesterol Screening (high risk children)
- ☐ Menarche
- ☐ Hgb/Hct

Elimination: _____
Sleep: _____
Other: _____

HEALTH EDUCATION/ANTICIPATORY GUIDANCE: (CHECK ALL COMPLETED)

- ☐ Nutrition/Weight Control
- ☐ Body Image
- ☐ Development
- ☐ Helmets
- ☐ Regular Physical Activities
- ☐ Suicide/Depression
- ☐ Self Exam
- ☐ STD/HIV/AIDS
- ☐ School Issues
- ☐ Firearm Safety
- ☐ Plans for Work
- ☐ Oral Health Care
- ☐ Adequate Sleep
- ☐ Seat Belt
- ☐ Passive Smoke/Smoking
- ☐ Abstinence/Sex Education
- ☐ Drugs/Alcohol
- ☐ Injury Prevention/Safety
- ☐ Peer Pressure
- ☐ Acne
- ☐ Limit TV
- ☐ After School Supervision

OBJECTIVE: SCREENING

WEIGHT KG/LB PERCENTILE:	HEIGHT CM/IN PERCENTILE:	BLOOD PRESSURE:

	N	A	
Hearing	☐	☐	_____
Vision	☐	☐	_____
Development	☐	☐	_____
Behavior	☐	☐	_____
Social/Emotional	☐	☐	_____

APN/PA/MD/DO:

SUBJECTIVE

☐ Review of Family History

_____
_____
_____
_____
_____

☐ Review of Systems

_____
_____
_____
_____
_____

OBJECTIVE: PHYSICAL

	N	A		N	A
General Appearance	☐	☐	Lungs	☐	☐
Skin	☐	☐	Chest	☐	☐
Head	☐	☐	Cardiovascular/Pulses	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Genitalia	☐	☐
Nose	☐	☐	Spine	☐	☐
Oropharynx/Teeth	☐	☐	Extremities	☐	☐
Dental Structure/Tongue	☐	☐	Neurological	☐	☐
Mental Health	☐	☐			

ASSESSMENT (Problem List)

_____
_____

PLAN

_____
_____
_____

REFERRALS

_____
_____

APN/PA/MD/DO SIGNATURE:

RN ASSESSMENT:	RN PLAN:	REFERRALS:

RN SIGNATURE:

NEXT VISIT: 16-20 YEARS OF AGE

IMMUNIZATIONS: ☐ Given ☐ Up to date

Additional notes on reverse side➔

ADDITIONAL NOTES