AmeriChoice AMERIGROUP Health Net

th Net Horizon NJ Health

UHP

other_____(08/04)

New Jersey: Early and Periodic Screening, Diagnosis and Treatment Exam

ADOLESCEN	CE: 15 YEARS	DATE:		
Child's Name:	Date of Birth:			
Allergies:	Current Medications:			
Illnesses/Accidents/Problems/Concerns since birth:				
Recommend practitioner have individual consultation with adolescent				
Yes No	I am happy with how I am doing in so I get some physical activity every day I get enough sleep;	ours per night Menarche Hgb/Hct		
	Review Immunization Record Dipstick Urinalysis			
Screening	Elimination: Sleep: Other: Health Education/Anticipatory Gu (CHECK ALL COMPLETED) Nutrition/Weight Control Body Image Development Helmets Regular Physical Activity Suicide/Depression Self Exam STD/HIV/AIDS School Issues Fire Arm Safety Plans For Work Other: Assessment:			
Describe findings:	Diagnosis:			
	Treatment Plan:			
	REFERRALS:			
	IMMUNIZATIONS: given (see V	FC Form) up to date		

NEXT VISIT: 16 YEARS OF AGE

Health Provider Signature:		