

Fernald Medical Monitoring Program for Adolescents

Physician's History and Physical Exam

HISTORY

Date _____ Birth Date _____

Taken by: _____

Given by: _____ Relationship: _____

I. Present Symptoms:

II. Past Medical History:

A. Birth:

1. Place: _____
2. Duration of Pregnancy: _____
3. Delivery: _____
4. Apgars: _____
5. Birth weight: _____
6. Maternal History/Drugs: _____

7. Neonatal History: _____

B. Developmental:

1. Sat alone: _____
2. Crawled: _____
3. Walked unsupported: _____
4. First word: _____
5. First phrase: _____
6. Toilet trained: _____
7. Speech problems: _____
8. School:
 - a. Grade _____
 - b. Sports (type) _____

C. Medical:

1. Dietary: breast _____ formula _____ vitamins _____
iron _____ fluoride _____

2. Allergies: YES _____ NO _____

3. Medication: _____

4. Anesthesia/Transfusion: YES _____ NO _____

5. Hospitalization/Surgery: YES _____ NO _____
Diagnosis/Place/Date:

6. Contagious/Other Illnesses:

Varicella _____	Mumps _____
Rubella _____	Scarlet Fever _____
Rubeola _____	Rheumatic Fever _____
Herpes Zoster _____	OTHER _____

D. Environmental:

1. Type of dwelling: _____
2. Type of water: city _____ cistern _____ other _____
3. Type of heat: forced gas _____ electric _____
hot water _____ solar _____ other _____
4. Number of occupants of dwelling: _____
5. Pets: _____
6. Father's occupation: _____
7. Mother's occupation: _____
8. Other: _____

E. School/Social

School grade _____
School adjustment _____
Goals _____
Interpersonal relationship with peers _____

School activities (involvement in special projects, clubs,
etc.) _____

Recent mood changes? _____

Depression _____

Cigarette smoking _____

Alcohol consumption _____

Substance abuse YES _____ DENIES _____

History of consulting with a professional counselor:

a. At school _____

b. Other _____

Name of counselor _____

Employment History

Type of work _____

Hours/week _____

Job satisfaction _____

Hobbies _____

Safety Issues -

Wears a helmet when riding a bike.

YES _____ NO _____

Wears a seat belt when riding in a car.

YES _____ NO _____

Other _____

III. Family History:

Relationship	Age	Weight	Height
Mother			
Father			
Siblings			

Illnesses (note relative affected)

Allergies: _____
Anemia/Bleeding: _____
Arthritis: _____
Congenital Defects: _____
Cancer: _____
Convulsions: _____
Diabetes Mellitus: _____
Gastrointestinal: _____
Cardiovascular/Hypertension: _____
Lungs/Tuberculosis: _____
Migraine: _____
Renal: _____
Thyroid/Other Endocrine: _____
Vision/Hearing: _____
Other: _____

Comments on Family Illnesses: _____

IV. Immunization (Review in Questionnaire):

1. Complete and current _____
2. Needs: _____

V. Review of Systems

		<u>YES</u>	<u>NO</u>	<u>Comment on "YES"</u> <u>Answers</u>
General	Excessive tiredness	_____	_____	_____
	Poor sleeper	_____	_____	_____
	Other	_____	_____	_____
Head and Neck	Headaches	_____	_____	_____
	Neck pain	_____	_____	_____
	Neck swelling	_____	_____	_____
	Lumps	_____	_____	_____
	Other	_____	_____	_____
Eyes	Strabismus	_____	_____	_____
	Glasses	_____	_____	_____
	Blurring	_____	_____	_____
	Double vision	_____	_____	_____
	Pain/itch/watery	_____	_____	_____
	Other	_____	_____	_____
Ears	Hearing problems	_____	_____	_____
	Ear infections	_____	_____	_____
	Dizziness	_____	_____	_____
	Other	_____	_____	_____
Nose	Bleeds	_____	_____	_____
	Itching	_____	_____	_____
	Obstruction	_____	_____	_____
	Other	_____	_____	_____
Mouth	Teeth problems	_____	_____	_____
	Hoarseness	_____	_____	_____
	Mouth ulcers	_____	_____	_____
	Pharyngotonsillitis	_____	_____	_____
	Other	_____	_____	_____
Respiratory and Cardiovascular	Cough	_____	_____	_____
	Short of breath	_____	_____	_____
	Chest pain	_____	_____	_____
	Palpitations	_____	_____	_____
	Other	_____	_____	_____

	<u>YES</u>	<u>NO</u>	Comment on "YES" Answers
Gastro- intestinal	Abdominal pain	_____	_____
	Nausea/ vomiting	_____	_____
	Constipation/ diarrhea	_____	_____
	Poor appetite	_____	_____
	Bleeding	_____	_____
	Other	_____	_____
	Recent weight loss/gain	_____	_____

Genito-
urinaryA. Females

1. Menarche _____

Menses

Frequency _____

Regular _____ Irregular _____

Menorrhagia _____

Metrorrhagia _____

Dysmenorrhea _____

Mittelschmerz _____

Recent changes _____

Use and type of analgesics _____

Vaginal discharge (unusual) _____

Other _____

B. Males

Urethral discharge _____

Testicular pain, tenderness _____

Other _____

C. Males/Females

Enuresis _____

Dysuria _____

Frequency/
urgency _____

Hematuria _____

Lump in
breasts _____

Hernia _____

Other _____

Musculo-
skeletal

Joint pain _____

Joint swelling _____

Limbs _____

Gait problems _____

Other _____

Code: _____

Page: 7

		<u>YES</u>	<u>NO</u>	<u>Comment on "YES"</u> <u>Answers</u>
Skin	Rashes	_____	_____	_____
	Lumps	_____	_____	_____
	Nevi	_____	_____	_____
	Hemangioma	_____	_____	_____
	Other	_____	_____	_____
<hr/> <hr/>				
Neuro	Muscle waisting	_____	_____	_____
	Numbness	_____	_____	_____
	Hyperactivity	_____	_____	_____
	Other	_____	_____	_____
<hr/> <hr/>				

Physical Examination Date: _____

Age _____ Sex _____

Vital Signs

Weight _____ Height _____ B.P. _____

Temp _____ Cardiac Rate _____ (Regular ___ Irregular ___)

=====
Check and/or complete appropriate space.

General

_____ Well developed and nourished without any apparent abnormality.

_____ Abnormal appearance (describe) _____

Skin

- | | | |
|----------------|---------------------|---------------------|
| _____ Normal | _____ Bruising | _____ Simean crease |
| _____ Pale | _____ Petechiae | _____ Rash |
| _____ Cyanosis | _____ Cafe' au lait | _____ Webbing |
| _____ Jaundice | _____ Hemangioma | _____ Other |
| _____ Peeling | | |

Head

- _____ Normal
- _____ Abnormal size/shape (describe) _____
- _____ Abnormal facies (describe) _____
- _____ Other

Eyes/Vision

Eyes

- _____ Normal extraocular muscles
 - _____ Strabismus (describe) _____
 - _____ Epicanthal fold _____
 - _____ Hypertelorism _____ Hypertelorism
 - _____ Normal fundoscopic exam
 - _____ Abnormal fundoscopic exam (describe)
-
- _____ Other _____

Vision

Visual acuity: _____ corrected _____ uncorrected
 (snellen chart)
 Right _____/_____
 Left _____/_____

Ears/Hearing

Ears

- _____ Normal ears
 - _____ Abnormal position (describe) _____
 - _____ Abnormal form (describe) _____
 - _____ Skin tags _____
 - _____ Preauricular sinus _____
 - _____ Other _____
-

Hearing

- _____ Normal hearing
 - _____ Abnormal hearing (describe) _____
-

Nose/Sinuses

- _____ Normal nose and sinuses
 - _____ Deviated septum (describe) _____
 - _____ Other _____
-

Mouth/Throat

- _____ Normal oral cavity and teeth
 - _____ Abnormal (describe) _____
-
- Tonsils present _____ enucleated _____ abnormal _____
- _____ Other _____
-

Neck/Thyroid

_____ Normal neck and thyroid
_____ Masses (describe) _____
_____ Other _____

Lymph Nodes

_____ Normal throughout (neck, axillary, inguinal, supraclavicular)
_____ Abnormal (describe) _____

Thorax/Lungs

_____ Normal thorax and lungs
_____ Abnormal (describe) _____

Breasts

_____ Normal
Tanner scoring of female breasts (circle)
Stage: 1 2 3 4 5
_____ Abnormal (describe) _____

Cardiovascular

_____ Normal cardiovascular system
_____ Cardiac murmur (describe) _____

_____ Abnormal rhythm (describe) _____
_____ Abnormal pulses (describe) _____
_____ Other _____

Abdomen

_____ Normal abdomen
_____ Distended
_____ Palpable masses (describe) _____

_____ Liver (size) _____
_____ Spleen, palpable (size) _____
_____ Abnormal bowel sounds _____
_____ Tenderness _____
_____ Other _____

Genital/Anal

_____ Normal male or female genitalia and anus

Tanner scoring:

Female pubic hair (circle): Stage 1 2 3 4 5

Male pubic hair (circle): Stage 1 2 3 4 5

Male genitalia (circle): Stage 1 2 3 4 5

_____ Ambiguous (describe) _____

_____ Hydrocele _____

_____ Hernia _____

_____ Hemorrhoids _____

_____ Other _____

Musculoskeletal

_____ Normal musculoskeletal system

_____ Scoliosis (describe) _____

_____ Syndactyly _____

_____ Polydactyly _____

_____ Abnormal hips (describe) _____

_____ Unequal leg lengths _____

_____ Limitation of motion (describe) _____

_____ Abnormal gait _____

_____ Genu Valgum _____

_____ Other _____

Neurological

_____ Normal cranial nerves

_____ Normal reflexes (patellar, achilles, biceps)

_____ Normal cerebellar signs

_____ Normal muscle tone

_____ Abnormalities: _____

Summary:

_____ Normal exam

_____ Abnormalities: _____

Physician's Name (PRINT)

Physician's Signature