

ANTICIPATORY GUIDANCE – 11-13 YEAR OLD CHECK-UP:

	YES	NO
Is there smoking in the house	_____	_____
Is there a smoke alarm on each level of the house	_____	_____
If guns are in the home are they locked up in a cabinet	_____	_____
Lead Poisoning risk factors:		
Home built before 1960	_____	_____
Has house built around then been renovated	_____	_____
Does a family member have increased exposure	_____	_____
Does a family member have elevated lead level	_____	_____
Did the child travel to the office in the a seat belt	_____	_____
Are plants and medications out of reach	_____	_____
Is child in day care	_____	_____
Is the child exposed to a swimming pool; if so, is it protected	_____	_____
Is there a family history of high cholesterol (> 250)	_____	_____
Is there a family history of early heart attack (pre-age 50)	_____	_____

IMPRESSIONS: 1. _____
 2. _____
 3. _____

MEDS: 1. _____
 2. _____
 3. _____

IMMUNIZATIONS: 1. _____ **Should have had the following:**
 2. _____ **5 DTaP, 4 HIB, 4 Polio, 2 MMR, 1 Varicella**

LAB 1. _____ **Hgb, FEP at 13 yrs of age**
 2. _____ **Should consider the following tests if indicated:**
 3. _____ **cholesterol, HIV, UA**

RETURN TO CLINIC: one year

Continuity Clinic Resident: _____

Attending Note: _____

Signature of Attending: _____