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:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Weight</th>
<th>Height</th>
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</thead>
<tbody>
<tr>
<td>Mother</td>
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<tr>
<td>Father</td>
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<td>Siblings</td>
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**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

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>Comment on &quot;YES&quot;</th>
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</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
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<tr>
<td>Excessive tiredness</td>
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<tr>
<td>Poor sleeper</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Head and Neck</strong></td>
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<tr>
<td>Headaches</td>
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<tr>
<td>Neck pain</td>
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<tr>
<td>Neck swelling</td>
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<tr>
<td>Lumps</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Eyes</strong></td>
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<tr>
<td>Strabismus</td>
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<tr>
<td>Glasses</td>
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<td>Blurring</td>
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<tr>
<td>Double vision</td>
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<tr>
<td>Pain/itch/watery</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Ears</strong></td>
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<tr>
<td>Hearing problems</td>
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<tr>
<td>Ear infections</td>
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<td>Dizziness</td>
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<td>Other</td>
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<tr>
<td><strong>Nose</strong></td>
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<tr>
<td>Bleeds</td>
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<tr>
<td>Itching</td>
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<td>Obstruction</td>
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<td>Other</td>
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<tr>
<td><strong>Mouth</strong></td>
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<td>Teeth problems</td>
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<td>Hoarseness</td>
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<td>Mouth ulcers</td>
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<td>Pharyngotonsillitis</td>
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<td><strong>Respiratory and Cardiovascular</strong></td>
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<tr>
<td>Cough</td>
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<td>Short of breath</td>
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<tr>
<td>Chest pain</td>
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<td>Palpitations</td>
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<tr>
<td>Other</td>
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</table>
Gastrointestinal

Abdominal pain          YES NO
Nausea/vomiting          __ __
Constipation/diarrhea    __ __
Poor appetite            __ __
Bleeding                 __ __
Other                    __ __
Recent weight loss/gain  __ __

Genitourinary

A. 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 ________

Musculoskeletal

Joint pain ________
Joint swelling ________
Limps ________
Gait problems ________
Other ________
<table>
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<td>Nevi</td>
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<tr>
<td>Hemangioma</td>
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<table>
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<tr>
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<tbody>
<tr>
<td>Muscle wasting</td>
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<tr>
<td>Numbness</td>
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<td>Hyperactivity</td>
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<td>Other</td>
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</tbody>
</table>
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:


