AmeriChoice AMERIGROUP Health Net Horizon NJ Health UHP

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

\_\_\_\_(08/04)

other\_\_\_

ADOLESCEN	CE: 20 YEARS	DATE:		
Child's Name:	Date of Birth:			
Allergies:	Current Medications:			
Illnesses/Accidents/Problems/Concerns since birth:				
Recommend practitioner have individual consultation with adolescent				
Illnesses/Accidents/Problems/Concerns since birth:	Iual consultation with adolescent  I am happy with how I am doing in so I get some physical activity every day I get enough sleep;  Diet:  Dental Referral Fluoride Supplement Vitamin Supplement TB Test (if high risk factors prese) Cholesterol Screening (for high risk price in Review Immunization Record) Dipstick Urinalysis  Elimination:	Menarche Hgb/Hct  Int) sk children)  Iidance:  Oral Health Care Injury Prevention/Safety Sleep Patterns Seat Belts Drugs/Alcohol HIV/AIDS Discussed Suicide Depression Work Ship Tobacco Use		
	REFERRALS:			
IMMUNIZATIONS: ☐ given (see VFC Form) ☐ up to date				

**NEXT VISIT: 21 YEARS OF AGE** 

Health Provider Signature:		