

## Tennessee Department of Children's Services

## **Physical Examination for Wilder Youth**

Date:	Allergi	ies:								
Name:					DOB:				Race:	
Height: Weight:		BMI: Temp:			Resp:		Pulse	В	B/P:	
Vision: Right:	20/	Left:	20/	H	earing Right:	Pass	Fail	Left:	Pass	Fail
<b>Current Proble</b>	ms:									
Unclothed Physical Exam:		Partial		Complete	<b>Health History</b> Attached:			Yes	□ No	
				Normal	Abnormal		C	ommen	ts	
General Appear	ance									
<b>Skin -</b> color, scars, e	eruptions, piercing	s, tattoos								
<b>Head -</b> scalp, hair lo										
<b>yes</b> - redness, disc										
ars - hearing, TMs		odies								
Nose - congestion,										
Mouth/Throat -										
oreathing										
<b>Neck</b> - stiffness, thy	roid									
.ymph nodes/G	lands - swelling,	tenderne	ess							
.ungs/Chest - br	eath sounds, nippl	es								
leart/Circulato	<b>ry</b> - rate, rhythm,	murmur								
<b>Abdomen</b> - masse	es, tenderness									
Genitourinary/1	Tanner Stage									
/ /: circumcision, test	es, meatus, hernia,	, discharg	e							
<b>Musculoskeleta</b> coliosis	l - ROM, gait, coor	dination,								
Neurological - tro	emors, seizures, he	eadaches								
Rectal exam										
CBC N	<b>/letabolic Pan</b> e	Ye	s ] Cho	ons UTD No lesterol	Urine A	PPD) Date/F nalysis [	Results:		mydia [	Othe
Health/Safety	(6.1.6	en reem			, nt/Socializati	on	Nutritio	n		
Assume responsil	bility for health care	<u>!</u>		-	sponsibilities, trus				neals a day	
Personal hygiene	=				nships and conce				f healthy food	S
☐ Vehicle safety (sea driving)	at belts, helmets, sa	fe		-	rs, parents' limits/o		Choose			
Alcohol, tobacco,	drug use preventior	n		landle anger	/conflict resolutio	n	Achieve	/maintain	a healthy weig	ht
☐ How to say no/ab	stinence		□ F	eer relations	ships and concern	S	☐ Manage	weight th	rough a variety	/
	nd prevention, contr	raception			pment and behav		_	-	nd regular exe	
•	Emotions (depression, anxiety, etc.) Violence and assault prevention			☐ Emotional, physical and sexual abuse ☐ Emotional, physical and sexual abuse			☐ Concern	s about w	eight and bod	y image
				School/vocati	anal training					

Always check the "Forms" Website for most current version and disregard all previous versions. This form may not be altered.

Distribution: Child Case File, Child's Health Record

CS-0708, Rev. 2/25



Additional Information:		
Follow-up:		
Provider Name:		
Signature MD/NP:	Date:	
Signature YDC RN/LPN:	Date:	