



Tennessee Department of Children's Services

Physical Examination for Wilder Youth

Date: _____ Allergies: _____

Name: _____ DOB: _____ Race: _____

Height: _____ Weight: _____ BMI: _____ Temp: _____ Resp: _____ Pulse _____ B/P: _____

Vision: Right: 20/ _____ Left: 20/ _____ Hearing Right: Pass Fail Left: Pass Fail

Current Problems: _____

Unclothed Physical Exam: Partial Complete Health History Yes No

Attached: _____

	Normal	Abnormal	Comments
General Appearance			
Skin - color, scars, eruptions, piercings, tattoos			
Head - scalp, hair loss, injury			
Eyes - redness, discharge, pupils			
Ears - hearing, TMs, canals, foreign bodies			
Nose - congestion, noisy breathing, discharge			
Mouth/Throat - palate, teeth, gums, mouth breathing			
Neck - stiffness, thyroid			
Lymph nodes/Glands - swelling, tenderness			
Lungs/Chest - breath sounds, nipples			
Heart/Circulatory - rate, rhythm, murmur			
Abdomen - masses, tenderness			
Genitourinary/Tanner Stage M: circumcision, testes, meatus, hernia, discharge			
Musculoskeletal - ROM, gait, coordination, scoliosis			
Neurological - tremors, seizures, headaches			
Rectal exam			

Immunizations UTD

Yes No

TB (PPD) Date/Results: _____

CBC Metabolic Panel Cholesterol Urine Analysis VDRL/GC/Chlamydia Other _____

Health Education (Check Items to be discussed)

Health/Safety

- Assume responsibility for health care
- Personal hygiene
- Vehicle safety (seat belts, helmets, safe driving)
- Alcohol, tobacco, drug use prevention
- How to say no/abstinence
- STDs, HIV/AIDS and prevention, contraception
- Emotions (depression, anxiety, etc.)
- Violence and assault prevention
- Fire (arson) and weapons

Development/Socialization

- Limits and responsibilities, trust
- Family relationships and concerns
- Respect others, parents' limits/consequences
- Handle anger/conflict resolution
- Peer relationships and concerns
- Sexual development and behaviors
- Emotional, physical and sexual abuse
- Emotional, physical and sexual abuse
- School/vocational training

Nutrition

- Three nutritious meals a day
- Choose a variety of healthy foods
- Choose nutritious snacks
- Achieve/maintain a healthy weight
- Manage weight through a variety of healthy foods and regular exercise
- Concerns about weight and body image
- Other _____

Youth is physically capable of participating in sports and athletic activities Yes No

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



RDA 11016

Page 1

Additional Information:

Follow-up:

Provider Name: _____

Signature MD/NP: _____ **Date:** _____

Signature YDC RN/LPN: _____ **Date:** _____