Optimum Internal Medicine and Pediatrics
10044 Hwy 46, Bon Aqua, TN 37025 | (931) 996-4247

11 to 15 Year Visit

Parent and staff instructions - keep with the clinical sheet

Parents / guardians: Complete only the identification, allergies, medicines, and the upper-left Nutrition and Problems / Interval History sections. You may type in the available identification fields, then print. Leave measurements, risk-assessment results, screening scores, examinations, orders, vaccine entries, billing and signatures for staff. Bring **both pages** to the appointment. Do not send completed forms through the website.

Teen confidential health questions are completed privately with the care team, not by a parent. Patients age 18 or older complete their own information unless an authorized representative is needed.

Do not give medicine based on this form alone. Printed doses and vaccine sequence numbers on the clinical sheet are preserved workflow entries, not patient-specific orders.

Staff medication verification: Before any dose, verify current weight in kg, age, indication, allergies, product concentration, dose in mg **and** mL, interval, maximum daily dose and contraindications. Document clinician-approved instructions. Preserved numbers do not replace this check.

Age-specific clinical checks

Use an age-appropriate balanced diet rather than a blanket 20-30% fat or 300 mg cholesterol limit; individualize for growth and medical risk.

Use standardized anxiety screening (age 8+) and depression/suicide-risk screening (age 12+), with confidential adolescent assessment. HIV screening: at least once at ages 15-21, with risk-based repeat testing. Universal lipid screening: once at 9-11 and once at 17-21.

MenB is not routine simply on request at age 11: shared decision-making is generally at age 16-23 (preferably 16-18); age 10+ recommendations apply to increased-risk patients. Verify current MenACWY product and schedule; preserved brand/sequence entries are not eligibility decisions.

Staff screening check: Use validated age-appropriate tools, not checkboxes alone: developmental screens at 9, 18 and 30 months; autism at 18 and 24 months; mental/emotional/behavioral screening per current AAP schedule.

Staff vaccine and billing check: Reconcile actual records, age, product, prior doses, minimum intervals and contraindications against current AAP guidance. Verify preserved protocol numbers, including combination-vaccine components. Billing presets are not orders: code actual services and payer rules; COVID-19 administration uses 90480, not 90460/90472. Do not automatically apply modifiers or unit counts.

Sources and version

Clinic revision based on AAP 2026 immunization guidance, current AAP preventive-care guidance and age-specific safety references. Original TNAAP 07/2025 attribution and intentional workflow marks are retained. This clinic revision does not imply TNAAP endorsement.

AAP preventive care | AAP 2026 immunizations | AAP current RSV guidance

Billing check: For non-COVID vaccines, 90460/90461 require qualifying physician/QHP counseling through age 18. Calculate units from vaccines and components actually given. Verify product codes, route, diagnosis, documentation and payer requirements with the billing team before use. For an eligible patient, COVID administration uses 90480 separately. Flu/COVID examples assume separate vaccines; verify coding for any combination product.

AAP COVID billing AAFP vaccine administration CMS COVID coding

11 to 15 Year Visit

Date _____

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Tennessee Chapter
INCORPORATED IN TENNESSEE
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Form revised 07/2025

Name _____ Birth Date _____ Age _____

Historian _____ Allergies _____ Medications _____

Weight _____kgs. Length _____cm BMI _____%tile Temp. _____AX REC

B/P: _____ / _____

Nutrition
Low fat milk? ☐ Yes ☐ No
Variety of fruits, vegetables? ☐ Yes ☐ No
Eats breakfast? ☐ Yes ☐ No
Eats supper with family? ☐ Yes ☐ No

Inter val Hist or y/New Problems
Change in family history? ☐ Yes ☐ No
Change in social history? ☐ Yes ☐ No
If Yes, what? _____

Are there new problems or illnesses since the last visit? ☐ Yes ☐ No If Yes, what? _____

Dyslipidemia Risk Assessment — +
(every year 12-16 years)
FH CVD heart disease <55 M ☐ Yes ☐ No
FH CVD heart disease <65 F ☐ Yes ☐ No
FH ↑ cholesterol ☐ Yes ☐ No
BP > 90% ___ DM ___ inactive ____
passive smoke ____ Chronic illness ___
BMI > 95% ____

Dysl ypidemia Screen — +
(Once between 9-11 years)

Hearing Risk Assessment (11 - 15 years) — +

Hearing Screen (@6000 and 8000hz) — +
(once between 11 - 14 years, once betw een 15 - 17 years)

Vision Risk Assessment (11, 13 and 14 years) — +

Vision Screen (12 and 15 years)
L near 20/ _____ far 20/_____ R near 20/ _____ far 20/_____ ☐
Wears glasses, sees eye specialist

Hepatitis B Risk Assessment ☐ Yes ☐No

Anemia Risk Assessment — +
poverty ___ poor diet ____ chronic illness _____ menorrhagia ____

Tobacco/Alcohol/Drug Assessment (every year 11-21 years) — +

TB Risk Assessment — +

STI Risk Assessment
(every year 11-21 years; Screen if Positive)
Hx of sexual activity — +

HIV Risk Assessment
(every year 11-21 years; Screen if Positive)
Hx of IV Drug Use — +

Depression & Suicide Risk Screening
(every year, 12-21 years)
☐ Normal ☐ Abnormal

Developmental Surveillance
☐ Yes ☐ No Concerns? _____

Psychosocial/Behavioral Surveillance
☐ Yes ☐ No Concerns? _____

Sudden Cardiac Arrest/Death Assessment
(Every Year, 11-21 years) ☐ Yes ☐No

Physical Exam

Undressed: ☒ yes ☐ no

General ---------- ☐ nl ☐ abnl
Head ---------- ☐ nl ☐ abnl
Neck ---------- ☐ nl ☐ abnl
Eyes ---------- ☐ nl ☐ abnl
Ears ---------- ☐ nl ☐ abnl
Nose ---------- ☐ nl ☐ abnl
Throat/Mouth/Teeth -- ☐ nl ☐ abnl
Chest
Breasts/Tanner Stage -- ☐ nl ☐ abnl
Lungs ---------- ☐ nl ☐ abnl
Heart ---------- ☐ nl ☐ abnl
Abdomen ---------- ☐ nl ☐ abnl
Femoral Pulses --------- ☐ nl ☐ abnl
Extremities ---------- ☐ nl ☐ abnl
Genitalia/Tanner Stage
Female ☐ **Male** ☐

Musculoskeletal Exam

Shoulder/arm ---------- ☐ nl ☐ abnl
Elbow/forearm ------- ☐ nl ☐ abnl
Wrist/hand/fingers ---- ☐ nl ☐ abnl
Hips/thigh ---------- ☐ nl ☐ abnl
Knee ---------- ☐ nl ☐ abnl
Leg/ankle ---------- ☐ nl ☐ abnl
Foot/toes ---------- ☐ nl ☐ abnl

EPSDT CPT Coding:
99383-25 if New or 99393-25 if Est. 11y/o 99384-25 if New or 99394 if Est. 12-15 y/o
Z00.129 normal or Z00.121 abnormal
90460-59: age 11 non-COVID units ____; Z23.
90460-59: ages 12-15 non-COVID units ____; Z23.
COVID: 90480 if given; not 90460 units.

96110-59 Z13.40
96127-59, 2 units Z13.89, Z13.31
96160-59 Z11.1, Z13.88, Z13.84
99173 Z13.5
92551 Z13.5
36415 if performed Z13.0, Z13.88
88738 if performed Z13.0
99000 if performed Z13.0, Z13.88
86580 if administered Z11.1
Vaccine codes as marked
Add E/M code if abnormal findings requiring treatment with -25 modifier

Circle Vaccines Given (age 11 or behind):
Adacel (Tdap #1)
MenACWY: product/dose per record ____.
Gardasil 9 (HPV-9 strain #1)
MenB: age/risk and product verified ____.

Safety
☐ Buckle up!
☐ Bike helmet, street safety
☐ Smoke detectors in home
☐ No smoking in home
☐ Swimming, water safety
☐ Firearm safety
☐ Sunburn prevention

Health
☐ Low fat milk and snacks
☐ Healthy food choices, Ca intake
☐ Brush teeth, see dentist
☐ Age-appropriate fats; see companion
☐ Individualize dietary counseling
☐ Balanced diet; see companion
☐ Adequate sleep
☐ Acne
☐ Encourage sports, active play
☐ Sports form attached ☐ Yes ☐ No

Social/Behavioral
☐ School adjustment, performance
☐ Sports and hobbies
☐ Limit TV, computer games
☐ Give choices
☐ Encourage independence
☐ Set limits, provide consequences
☐ Managing stress, anger
☐ Say no to alcohol, drugs, tobacco
☐ Puberty changes and questions about sex ☐
Periods (girls) LMP _____ ☐
Family relationships
☐ Friends, boy/girl friends
☐ Abstinence, birth control

Social/Beha vioral *(continued)*
☐ Social Media
☐ Sleep hygiene
☐ + eating disorder screen

Impression
☐ Well Child/Adolescent
☐ Normal Growth
☐ Normal Development
☐ _____
☐ _____

Plan/Referrals
☐ Immunizations current? ☐ Yes ☐ No
☐ *Tdap, MCV4, *Varicella (2 doses or hx or dz), Hep B, HPV
☐ Influenza vaccine
☐ COVID-19 vaccine
☒ Counseling
☒ RTC at _____ years
☒ Handouts
☒ Cholesterol Screen - (once between 9 and 11 years)
☒ Hgb (if + menarche or high risk every year)_____
☐ Supplementation if deficient in fluoride
☐ TB test if at risk
☐ STI screening (if at risk)
☐ HIV screen at least once 15-21 years
☐ Begin transition plan
☐ Parent declination of treatment _____
☐ Referrals _____
☐ _____

_____ M.D. / P.N.P. / DO / PA

** Required for 7th Grade entry*