

Preventive Care for Ages 18 to 24 years The Greig Health Record for Young Adults

Name: _____
Date of Birth: _____

(this page is for recording preventive care manoeuvres when they are performed, at any patient visit)

		Age	Age	Age	Age
Date					
Measurements	Wt				
	BMI				
	Ht				
	BMI percentile				
Psychosocial history	<ul style="list-style-type: none"> • Employment, Education & Finances • Peer relationships • Family relationships • Strengths & Goals • Mental Health • Sexual Health, Relationships & Safety • Abuse and Bullying 				
Nutrition	<ul style="list-style-type: none"> • Healthy choices / snacks / junk-food • Supplements / CAM • Body Image / Dieting 				
Education & Advice: Behaviour	<ul style="list-style-type: none"> • Physical Activity • Electronic Media & Communication/Hearing Protection • Sleep Issues 				
Injury Prevention & Safety	<ul style="list-style-type: none"> • Helmet safety • Vehicle Safety & Seatbelts • Workplace • <i>Sun Safety</i> • Environmental Hazards – incl. Second Hand Smoke • <i>Smoke Detectors</i> 				
Other	<ul style="list-style-type: none"> • Other Safety Topics • Substances and Addictions • Dental care, fluoride 				
Specific Concerns					
Examination	Blood Pressure				
	Head & Neck				
	Visual Acuity (L) (R)				
	CVS				
	Chest				
	Back				
	Abd				
	GU				
Skin					
Assessment Immunization Medications	Up-date immunizations				
	Discuss influenza vaccination				
	Signature				

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