



Scan this code for age  
specific health information

Date:

★ **Do you have any concerns about:**

- |   |  |
|---|--|
| No   Yes recent changes or stress (job change, move, divorce, illness)? | No   Yes your teen feeling safe at school, home, in your neighborhood?     |
| No   Yes any injury since the last visit?                               | No   Yes your teen being in a romantic relationship?                       |
| No   Yes how your teen is doing in school?                              | No   Yes use of tobacco/alcohol/drugs by your teen or your teen's friends? |
| No   Yes your teen's friends?   | No   Yes your teen being in trouble with law enforcement?                  |
| No   Yes your teen's emotions or behavior?                              |  |

★ **Does your teen:**

- |  |   |
|--|---|
| No   Yes eat fast food more than once a week       | No   Yes have a TV, game console, computer in their room? |
| No   Yes get less than 1 hour of exercise per day? |   |

★ **Do you:**

- |  |  |
|--|--|
| Yes   No take your teen to the dentist each year?  | Yes   No discuss the risks of tobacco, drugs, alcohol and sex with your teen?                                    |
| Yes   No enforce the use of seatbelts?   | Yes   No discuss the risks of exposure to inappropriate on-line material, bullying, predators with your teen?    |
| Yes   No enforce the use of sunscreen?   |  |
| Yes   No have working smoke alarms and carbon monoxide detectors in your home?                         | Yes   No If you own a gun, is it locked, with bullets stored separately? <input type="checkbox"/> No gun in home |
| Yes   No make sure your child uses a helmet when they are on anything with wheels, skis or snow board? |  |

★ **Family Medical History**

- |  |   |
|--|---|
| No   Yes Have there been any changes to your family medical history?         | No   Yes Is there a family history of early heart disease? (under age 65 for women, age 55 for men) |
| No   Yes Does your teen have a parent with total cholesterol over 240 mg/dL? |   |

★ **Tuberculosis (TB) Risk**

- |   |  |
|---|--|
| No   Yes Has your teen had recent close contact with someone with active TB disease?                                      | No   Yes Was your teen born in or had extensive travel to Asia, Africa, Eastern Europe or Latin America? |
| No   Yes Does your teen have any chronic illnesses (including HIV, diabetes, cancer, kidney disease, intestinal disease)? | No   Yes Has your teen been exposed to homeless shelters, refugee camps or prison/jail?                  |

★ **Please continue to the questions on Page 2**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

15 – 17 Year Parent Questionnaire continued

★ Social Determinants of Health

Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true☐ Sometimes true☐ Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true☐ Sometimes true☐ Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? (check all that apply)

☐ Yes, it has kept me from medical appointments or getting medication☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need☐ No

Would you like information regarding these concerns? (check all that apply)

☐ Yes, have someone contact me☐ Yes, I would like written information☐ No

★ Please write down any questions or concerns that you would like to talk about today:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_ Provider initials