



Scan this code for age specific health information

Date:

★ Do you have any concerns about your teen's:

No | Yes eating/nutrition? No | Yes height or weight? No | Yes sleeping?
 No | Yes vision? No | Yes hearing? No | Yes screen time?

★ 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 injuries 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's emotions or behavior? No | Yes your teen being in trouble with law enforcement?

★ 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? No | Yes use a tanning bed?

★ 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 enforce the use of sunscreen? Yes | No discuss the risks of exposure to inappropriate on-line material, bullying, predators with your teen?
 Yes | No always supervise your teen around water?
 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? No gun in home
 Yes | No make sure your child uses a helmet when they are on anything with wheels, skis or snow board? Yes | No have internet access to view health information from our website?

★ 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